V. S. No. 2
DM—9-4-41
ev. 5-17-39
I X29484

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

FILED MAR 17 1942

Registration District No. 791

Primary Registration District No. 1003

State File No. 4579

Registrar's No. 1396

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
6124 Westminster Pl.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 5000

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 6124 Westminster Pl. 9
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Joseph L. Kohner

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Vallye Kohner

6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased February (Month) 15 (Day) 1881 (Year)

8. AGE:

Years	Months	Days	If less than one day
60	11	28	hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Real Estate

11. Industry or business

FATHER
12. Name Moritz Kohner
13. Birthplace (City, town, or county) Bohemia (State or foreign country)

MOTHER
14. Maiden name Caroline Simon
15. Birthplace (City, town, or county) Bohemia (State or foreign country)

16. (a) Informant Carrol Kohner
(b) Address 6124 Westminster Pl.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-15-42 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Sinai

18. (a) Signature of funeral director Herman Rindskopf
(b) Address 5216 Delmar Blvd.

19. (a) FEB 1 4 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

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MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 13
year 1942 hour 6:30 minute A M.

21. I hereby certify that I attended the deceased from 2/13th, 1942, to 2/13th, 1942
that I last saw him alive on 2/13th, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion — Duration acute

Due to ✓

Due to ✓

Other conditions ✓
(Include pregnancy within 3 months of death)

Major findings:
Of operations ✓

Of autopsy ✓

94

94

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: ✓

(a) Accident, suicide, or homicide (specify) ✓

(b) Date of occurrence ✓

(c) Where did injury occur? ✓ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? ✓
(Specify type of place)

While at work? ✓ (e) Means of injury ✓

23. Signature Frank L. Davis (M. D. or other)

Address University Club Bldg Date signed 2/13/42

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Chas. W. Cooper

Licensed Embalmer No. 3830

P. O. Address 5216 Delmar

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.