

FILED JUN 22 1942

1003

5100

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County Missouri
(b) City or town ST. LOUIS
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: BARNES HOSPITAL
(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
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4141 - Botanical
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME KOHR, ADOLPH W.

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.

6. (b) Name of husband or wife 6. (c) Age of husband or wife if

7. Birth date of deceased 9 14 1883
(Month) (Day) (Year)

8. AGE: Years 58 Months 8 Days 27 If less than one day hr. min.

9. Birthplace ST. LOUIS MO
(City, town, or county) (State or foreign country)

10. Usual occupation FLORIST

11. Industry or business FLORIST

12. Name FERDINAND KOHR

13. Birthplace ST. LOUIS MO
(City, town, or county) (State or foreign country)

14. Maiden name ANNA SEXAUER

15. Birthplace ST. LOUIS MO
(City, town, or county) (State or foreign country)

16. (a) Informant Enila Kohr

(b) Address 4141 Botanical

17. (a) BURIAL (b) Date thereof 6 13 42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation NEW ST. MARCUS

18. (a) Signature of funeral director Southern Funeral Home

(b) Address 632 - 5th St. St. Louis

19. (a) JUN 12 1942 (b) J. F. Bedeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 11
year 1942 hour 10 minute 35 a. M.

21. I hereby certify that I attended the deceased from 5
13 1942 to 6-11 1942
that I last saw him alive on 6-11 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Prostate
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Carcinoma of prostate
Of autopsy None

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?
While at work? (Specify type of place) (M. D. or other)
23. Signature J. F. Bedeck (M. D. or other)
Address BARNES HOSPITAL Date signed

Duration

(?)

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

20
9
9

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.....

Virgil L. Berryman
.....
Licensed Embalmer No. *4018*
.....

P. O. Address.....

St. Louis Mo.
.....

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.