

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

10613

State File No. ....

Registrar's No. .... 11

FILED MAR 1 1943  
Registration District No. 1943

Primary Registration District No. 5595

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0

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

1. PLACE OF DEATH:

(a) County Jefferson County

(b) City or town Kirkwood, R.R. # 12  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
Kirkwood R.R. # 12 Rock Ferry  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Life (Specify whether)

In this community Life  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jefferson

(c) City or town Kirkwood, R.R. # 12  
(If outside city or town limits, write "RURAL")

(d) Street No. .... (If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME Carrie T. Brethold

3. (b) If veteran, name war .....

3. (c) Social Security No. None

4. Sex Female

5. Color or race W.

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

6. (b) Name of husband or wife Herman

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased Feb. 8 1891  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

52 0 18 .. hr. .. min.

9. Birthplace Jefferson Co., Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business .....

MOTHER FATHER { 12. Name William Kohler

13. Birthplace Germany  
(City, town, or county) (State or foreign country)

14. Maiden name Theresa Humpel

15. Birthplace Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Herman Brethold

(b) Address R.R. 12 Kirkwood, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-28-43  
(Month) (Day) (Year)

(c) Place: burial or cremation St Lucas Ceme. Bapp. Mo.

18. (a) Signature of funeral director Louis H. Boop, Inc.

(b) Address 731 W. Argonne Dr. Kirkwood, Mo.

19. (a) 2/28/43 (b) Ch. H. Humpel  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 26  
year 1943 hour 8 minute A. M.

21. I hereby certify that I attended the deceased from April 17 1943 to Feb 26 1943  
that I last saw her alive on Feb 25 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration 10 days

Due to Diabetes (M.) 8 4/10

Due to .....

Other conditions (include pregnancy within 3 months of death) 61

Major findings: Of operations .....

Of autopsy .....

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? .....

While at work? (Specify type of place) (e) Means of injury .....

23. Signature A. P. Gault (M. D. or other) 0

Address 2606 Harris Date signed 2/27/43

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**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.....

*Rallan + Bopp*

Licensed Embalmer No. ~~9251~~ 30421

P. O. Address *Futwood, 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.**