

FILED MAY 6 1943

Registration District No. 217

Primary Registration District No. 3068

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

96
355

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
Brownson Hotel
(If not in hospital or institution, write street number or location)

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

In this community _____ (Specify whether _____)
- years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis ⁹⁶

(c) City or town Maplewood ⁵
(If outside city or town limits, write "RURAL") ⁰

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

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____ ⁰

3. (a) PRINT FULL NAME Emery Frederick Kahl

3. (b) If veteran, name war _____

3. (c) Social Security No. 332-01-4846

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Berniece

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

7. Birth date of deceased January 14 1896
(Month) (Day) (Year)

8. AGE:

| | | | |
|-----------|----------|-----------|----------------------|
| Years | Months | Days | If less than one day |
| <u>47</u> | <u>2</u> | <u>17</u> | hr. _____ min. _____ |

9. Birthplace Shipman Ill.
(City, town, or county) (State or foreign country)

10. Usual occupation Electrician

11. Industry or business Scullin Steel Co.

12. Name Fred Kahl

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

14. Maiden name Kate Snyder

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

16. (a) Informant Myrtle Boone

(b) Address Bunker Hill, Ill.

17. (a) Removal (b) Date thereof 4/13/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bunker Hill, Ill.

18. (a) Signature of funeral director Albert H. Hoppe Inc.

(b) Address 4700 Washington Blvd.

19. (a) 4-14-43 (b) C. H. McQuinn MD
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 11
year 1943 hour 7 minute A M.

21. I hereby certify that I attended the deceased from _____, 19____ to _____, 19____
that I last saw him _____ alive on _____, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Inquest pending. Duration _____

Due to Satery degeneration of spine

Due to _____

Other conditions (Include pregnancy within 3 months of death) 124 P 2

Major findings: Of operations _____

Of autopsy Yes

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 _____

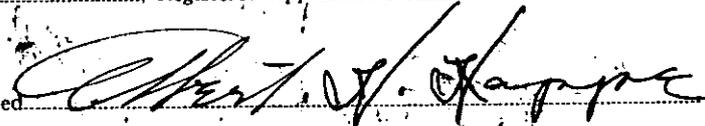
23. Signature Louis H. Bopp MD
Address Kirkwood, Mo. 4-12-43 Date signed _____

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.....

.....
working under my personal supervision.

..... Registered Apprentice No.

Signed 

..... Licensed Embalmer No. 1861

..... P. O. Address.....

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.