

7. S. No. 2  
DM-94-41  
Rev. 5-17-39  
X29484

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

19772

FILED JUN 19 1943

State File No. ....

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 5423

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:  
City Infirmary  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 months  
(Specify whether years, months or days)

In this community unknown

2. USUAL RESIDENCE OF DECEASED:

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

(c) City or town Manchester  
(If outside city or town limits, write "RURAL")

(d) Street No. Manchester Nurs. Home  
(If rural, give location)

(e) Citizen of foreign country? / (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME Harry Kohlmeier

3. (b) If veteran, name war None

3. (c) Social Security No. 499-07-8442

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 11 year 1943 hour 2:00 p.m. minute.....M.

21. I hereby certify that I attended the deceased from Apr. 1st 19..... to Wz June 11, 1943

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife Alma

6. (c) Age of husband or wife if X alive 48 years

7. Birth date of deceased Jan. 6, 1891  
(Month) (Day) (Year)

that I last saw him alive on June 10, 1943 19..... and that death occurred on the date and hour stated above.

8. AGE: Years 52 Months 5 Days 5 If less than one day 9 hr. min.

Immediate cause of death Aspiration pneumonia Duration 1 wk

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

Due to Aspiration pneumonia

Due to Aspiration pneumonia

Other conditions Cerebral Hemorrhage  
(Include pregnancy within 3 months of death)

10. Usual occupation Plaster Paris Modeler

PHYSICIAN

Underline the cause to which death should be charged anatomically.

MOTHER FATHER

11. Industry or business.....

12. Name Henry W. Kohlmeier.

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

14. Maiden name Emma Schone

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

Major findings: Of operations.....

Of autopsy Encephalomalacia  
Bronchial pneumonia - kidney infarct

16. (a) Informant C. Hannon

(b) Address 5800 Arsenal St.

17. (a) Burial (b) Date thereof 6-14-1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Immanuel Luth. Cemetery.

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?.....

18. (a) Signature of funeral director Geo. L. Pleitsch Inc.

(b) Address 5966 Easton Ave.

19. (a) JUN 14 1943 (b) J. J. Brudeck  
(Registrar's signature)

While at work?..... (Specify type of place)

(e) Means of injury.....

23. Signature J. J. Brudeck (M. D. or other) MD

Address City Infirmary Date signed 6/12/43

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

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 3454

Ben Hoffman, Registered Apprentice No. 346  
working under my personal supervision.

Signed David Gibson

Licensed Embalmer No. 3454

P. O. Address 5966 Easton St. N.W.

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.