

FILED AUG 28 1943

Registration District No. 317

Primary Registration District No. 6076

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Affton, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Mckenzie Rd. Route 14, Reeves Barracks Rd, corner of
(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 St. Louis
(c) City or town Affton
(If outside city or town limits, write "RURAL")
(d) Street No. Route 14, Reeves Barracks Rd, corner of Mckenzie Rd.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mary Kohr

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Jacob 6. (c) Age of husband or wife if alive, _____ years
7. Birth date of deceased April 2nd 1858
(Month) (Day) (Year)

8. AGE: Years 85 Months 4 Days 23 If less than one day _____ hr. _____ min.

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

10. Usual occupation At home

11. Industry or business _____

MOTHER FATHER { 12. Name Christ Grateke
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Marie Wagner
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Walter C. Kohr,
(b) Address Route 14, Affton, Missouri

17. (a) burial (b) Date thereof 8-27-1943
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Lucas Cemetery

18. (a) Signature of funeral director C. HOFFMEISTER U. & L.
(b) Address 7814 South Broadway, St. Louis, Mo.

19. (a) AUG 27 1943 (b) [Signature]
(Date of registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 25
year 1943 hour 12 minute 30 A.M.
21. I hereby certify that I attended the deceased from 7:26 10
1943 to Aug 25 1943
that I last saw her alive on Aug 10 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Heart Disease (Coronary sclerosis) Duration 7 yrs
Due to arterio sclerosis 10 yrs
Due to _____

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

Major findings: Of operations _____ Of autopsy _____
PHYSICIAN _____
Underline the cause to which death 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? _____

23. While at work? _____ (Specify type of place) (e) Means of injury _____
Signature [Signature] (M. D. or other) _____
Address [Address] Date signed 8/25/43

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.....

Paul A. Franklin....., Registered Apprentice No.....
working under my personal supervision.

Signed *Paul A. Franklin*.....
Licensed Embalmer No. *3172*.....
P. O. Address *1781450 Broadway*.....

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.