

FILED DEC 29 1943

Registration District No. 318

Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3655 Washington 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 25 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 000
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 17
(d) Street No. 3655 Washington (If rural, give location) 199
(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME

Edwin H. Kohlbusch

3. (b) If veteran, name war

World War 1

3. (c) Social Security No. ml

4. Sex male 5. Color W race W

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

6. (b) Name of husband or wife ml

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

7. Birth date of deceased Feb. 27 1890
(Month) (Day) (Year)

8. AGE: Years 53 Months 9 Days 11 If less than one day _____ hr. _____ min.

9. Birthplace New Haven Conn (City, town, or county) Mo (State or foreign country)

10. Usual occupation Chiropractor

MOTHER FATHER

11. Industry or business Henry

12. Name Henry

13. Birthplace San Koch (City, town, or county) Mo (State or foreign country)

14. Maiden name Jan Koch (State or foreign country)

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

16. (a) Informant Henry Kohlbusch

(b) Address Columbia Mo

17. (a) Burial (b) Date thereof Dec 13-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Vashalla Cemetery

18. (a) Signature of funeral director Ray Miller

(b) Address 5041 Delmar

19. (a) DEC 11 1943 (b) J F Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 8 year 1943 hour 3 PM minute 15 M.

21. I hereby certify that I attended the deceased from Dec 7 1943 to Dec 7 1943
that I last saw him alive on Dec 7 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Chorea Myocardia

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy _____

Duration

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 E E Kingston (M. D. or other) _____
Address 3526 Washington Date signed 12/10/43

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

W E Morris

Licensed Embalmer No.

3360

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.