

4010C  
11345

FILED DEC 29 1943

1003

Registration District No. 318

Primary Registration District No.

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

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:  
634 S. Newstead Ave.  
(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)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri. (b) County..... 111

(c) City or town..... St. Louis 46  
(If outside city or town limits, write "RURAL")

(d) Street No. 4932 Northland Ave.  
(If rural, give location)

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

If yes, name country..... 0

3. (a) PRINT FULL NAME Mathias F. Kohring

3. (b) If veteran, name war..... None

3. (c) Social Security No. 488-07-3132

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife..... Lillian L.

6. (c) Age of husband or wife if alive..... 64 years

7. Birth date of deceased..... Oct. 20, 1877  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	66	1	27	hr. .... min.

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

10. Usual occupation..... Cashier.

11. Industry or business..... Ludlow Saylor Wire Co.

12. Name..... Matthias F. Kohring.

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

14. Maiden name..... Wilhelmina Bierkenkemper.

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

16. (a) Informant..... Lillian L. Kohring

(b) Address..... 4932 Northland Ave.

17. (a) Burial (b) Date thereof Dec. 20, 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... St. Peters Cemetery

18. (a) Signature of funeral director..... Daniel Nicholas

(b) Address..... 1431 Union Blvd.

19. (a) DEC 18 1943 (b) J. F. Budea  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 17  
year 1943 hour 8 minute 45 a. m.

21. I hereby certify that I attended the deceased from Dec 15 to Dec 17, 1943,  
that I last saw him alive on Dec 15, 1943,  
and that death occurred on the date and hour stated above.

Immediate cause of death.....  
Myocarditis with rupture  
of coronary occlusion

Due to.....

Due to.....

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

Major findings:  
Of operations.....

Of autopsy.....

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)..... 210

(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?  
..... (Specify type of place)

While at work?..... (e) Means of injury.....

23. Signature..... D. P. ... (M. D. or other)

Address..... 4901 1/2 Eastern Ave Date signed..... 12/17/43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

**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 *Frank Wilson*

Licensed Embalmer No. 8911

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.**