No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 13 1944

Registration District No. 3 1

THE STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 15785

Primary Registration District No. 6076

Registrar's No. 1061

**1. PLACE OF DEATH:**

(a) County St. Louis.

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

(c) Name of hospital or institution: 1521 Wellston Place.
(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. 96

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

(d) Street No. 1521 Wellston Place.
(If rural, give location)

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

If yes, name country O.

3. (a) PRINT FULL NAME Margaret Kohler.

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Henry E. Kohler.

6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased July (Month) 12 (Day) 1879. (Year)

8. AGE: Years 64 Months 9 Days 24 If less than one day ..... hr. ..... min.

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

10. Usual occupation Housewife.

11. Industry or business

FATHER
12. Name John Rotier.
13. Birthplace Germany. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Don't Know.
15. Birthplace Germany. (City, town, or county) (State or foreign country)

16. (a) Informant Henry E. Kohler.
(b) Address 1521 Wellston Place.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/9/44 (Month) (Day) (Year)
(c) Place: burial or cremation Mount Lebanon Cemetery.

18. (a) Signature of funeral director Geo. L. Pleitsch, Inc.
(b) Address 5966 Easton Ave, St, Louis, Mo.

19. (a) MAY 10 1944 (Date received local registrar) (b) E. G. McGavran, M.D. (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month May day 6th year 1944 hour 8 minute 30 A M.

21. I hereby certify that I attended the deceased from 1938 June 1, 1938 May 6, 1944 that I last saw her alive on May 16, 1944 and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Bilateral Kidney Stones | 6 yrs. |
| Due to | |
| Due to | |
| Other conditions Chronic (Include pregnancy within 3 months of death) Myocarditis | 8 yrs |

Major findings:
Of operations
Of autopsy 1944

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature J. H. Davis (M. D. or other) M.D.
Address 1492 Hodgamont Date signed 5/8/44

(Licensed Embalmer's Statement on Reverse Side)

Dr. I. R. Davis.
Hodiamont Ave.

JUN 24 1944

MAY 27 1944

JUN 19 194

**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 Ben H Hoffman

Licensed Embalmer No. 4366

P. O. Address St Louis Mo

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**