

23157

FILED JUL 26 1944

318

State File No. _____
Registrar's No. 6413

Registration District No. _____ Primary Registration District No. _____

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:
3417 Meramec St.,
(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 _____
(c) City or town St. Louis,
(If outside city or town limits, write "RURAL")
(d) Street No. 3417 Meramec St.,
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 19th
year 1944 hour 5:45 minute _____ A.M.

21. I hereby certify that I attended the deceased from
July 12, 1944, to July 19, 1944
that I last saw him alive on July 19, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Cerebral Hemorrhage
(apoplexy)
Due to _____
Right hemiplegia
Due to _____
(hypertension)
Other conditions _____
(Include pregnancy within 3 months of death)

Duration

7 days

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings:
Of operations _____
Of autopsy _____

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?

3. (a) PRINT FULL NAME Louis C. Kochmann,

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

4. Sex Male, 5. Color or race White, 6. (a) Single, widowed, married, divorced Married,

6. (b) Name of husband or wife Elisabeth 6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased August 25, 1864
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
79 10 24 _____ hr. _____ min.

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

10. Usual occupation Upholsterer,

11. Industry or business _____

12. Name Don't Know,

13. Birthplace Don't Know,
(City, town, or county) (State or foreign country)

14. Maiden name Don't Know,

15. Birthplace Don't Know,
(City, town, or county) (State or foreign country)

16. (a) Informant Elisabeth Kochmann,

(b) Address 3417 Meramec St.,

17. (a) Burial, (b) Date thereof 7/22/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation SS. Peter & Paul Cem.

18. (a) Signature of funeral director Gebken-Benz Mortuary,

(b) Address 2842 Meramec St.,

19. (a) JUL 20 1944 (b) J. F. Bueck
(Date received local registrar) (Registrar's signature)

23. Signature _____ (M. D. or other) _____
Address 3417 Meramec St., Date signed 7-20-44

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

MOTHER FATHER

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 me
....., Registered Apprentice No.
working under my personal supervision.

Signed

Joe J. Benz
.....
Licensed Embalmer No. 4248
2842 Meramec St.,
P. O. Address St. Louis, Mo.

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.