

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39524

State File No.

FILED DEC 29 1944 18

Registration District No.

Primary Registration District No.

1003

Registrar's No.

10825

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 MO. BAPTIST HOSPITAL
(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

3. (a) PRINT
FULL NAME

LENA KOHL

3. (b) If veteran,

name war

NO

3. (c) Social Security

No.

4. Sex FEMALE 5. Color or race W. 6. (a) Single, widowed, married, divorced WIDOW
6. (b) Name of husband or wife CHARLES KOHL 6. (c) Age of husband or wife if alive years
7. Birth date of deceased. MAY 29 1870
(Month) (Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

74 6 18

hr. min.

9. Birthplace

JERSEYVILLE
(City, town, or county)

ILLINOIS
(State or foreign country)

10. Usual occupation

NIL

11. Industry or business

MOTHER FATHER { 12. Name John Kohl
13. Birthplace MILWAUKEE WIS
(City, town, or county) (State or foreign country)
14. Maiden name SARAH WALPOLE
15. Birthplace NEW JERSEY
(City, town, or county) (State or foreign country)

16. (a) Informant

William Kohl

(b) Address

1506 A S. 7th ST.

17. (a) BURIAL

(Burial, cremation, or removal)

(b) Date thereof

12/20/44
(Month) (Day) (Year)

(c) Place: burial or cremation

SUN SET BURIAL PARK

18. (a) Signature of funeral director

E. J. Schmur

(b) Address

3125 Lafayette Ave

19. (a)

DEC 19 1944

J. J. Bradees

(Date received at registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County
(c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL")
(d) Street No. 5294 A PAGE BLVD.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 11

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 17
year 1944 hour 2 minute 45 PM.

21. I hereby certify that I attended the deceased from Sept 7/44
....., 19....., to 12/17/44, 19.....;
that I last saw her alive on 12/17/44, 19.....;
and that death occurred on the date and hour stated above.

Immediate cause of death.

Chronic myocarditis

Duration

3 mos.

Due to

chronic Bronchitis
fibrosis of lungs

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy Was done

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) no
(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)

(c) Means of injury

23. Signature

W. J. Harris (M. or other)

Address

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Date signed

12/19/44

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.....

Jos B. Vollmer

Licensed Embalmer No. *4014*

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.