S. No. 2
0M—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

22172

State File No.

FILED AUG 11 1945

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6313

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: St. Anthony's Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 weeks (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis 17 15
(If outside city or town limits, write "RURAL")
(d) Street No. 4408 Alaska Ave. 9
(If rural, give location)
(e) Citizen of foreign country? No. 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Sheron Ann Kohne
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Female 1
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased July 11, 1945 (Month) (Day) (Year)

8. AGE: Years ---- Months ---- Days 20 If less than one day hr. min.

9. Birthplace St. Louis, Mo., 0 (City, town, or county) (State or foreign country)
10. Usual occupation None
11. Industry or business None
FATHER 12. Name Albert Kohne
13. Birthplace Illinois 1 (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Adeline Bieg
15. Birthplace St. Louis, Mo., 0 (City, town, or county) (State or foreign country)
16. (a) Informant Adeline Bieg
(b) Address 4408 Alaska Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/3/45 (Month) (Day) (Year)
(c) Place: burial or cremation Old SD. Peter&Paul Cem
18. (a) Signature of funeral director Gebken-Bünz
(b) Address 2842 Meramec St.
19. (a) AUG 2 1945 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 1st. year 1945 hour 9 minute 40 P. M.
21. I hereby certify that I attended the deceased from July 11, 1945, to Aug. 1, 1945; that I last saw her alive on July 31, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Prematurity (6½ mo. gestation)
Due to Nephritis, Since Birth
Due to
Other conditions (Include pregnancy within 3 months of death) 130
Major findings: Of operations no
Of autopsy no

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

23. Signature Jos. H. McFarlane M.D. 0 (M. D. or other)
Address 3804 Wilmington Ave Date signed 8/2/45

(Licensed Embalmer's Statement on Reverse Side)

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.

No Embalming

Signed Robert Wheeler

Licensed Embalmer No. 0178

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.