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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

FILED FEB 1 1946

State File No. 524
Registrar's No. 577

Registration District No. 318 Primary Registration District No. 1003

**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: City Hosp. 0
(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 Mo. (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4132 Holly Hills Bld.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Louis Kohlmeyer

3. (b) If veteran, name war Mo.

3. (c) Social Security No. 495-26-7937

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Amelia Kohlmeyer

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

7. Birth date of deceased Mar. 3 (Month) 1870 (Day) (Year)

8. AGE: Years 75 Months 10 Days 12 If less than one day hr. min.

9. Birthplace Clarksville (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Maintainance Man.

11. Industry or business So Good Potatoe Chips

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

MOTHER
14. Maiden name Augusta Unk.
15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant August H. Kohlmeyer
(b) Address 1609 Union Bld.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-19-46 (Month) (Day) (Year)
(c) Place: burial or cremation Bethany Cem.

18. (a) Signature of funeral director Witt Bros L. & U. Co.
(b) Address 2929 S. Jefferson Av.

19. (a) JAN 18 1946 (Date received local registrar) J. F. Bredeck (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Jan. day 15 year 1946 hour 10 minute 55 p. M.

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

Immediate cause of death Carcinoma of Bowels

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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 Patrick E. Dwyer (M.D. or other)
Address Date signed 1-18-46

(Licensed Embalmer's Statement on Reverse Side)

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

## 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 D. M. Davis

Licensed Embalmer No. 3741

P. O. Address 2929 Jefferson ave

**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.)**

sd.

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