

147
7-39

FILED AUG 21 1947
Registration District No.

Primary Registration District No. **1003**

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

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..... **Haroute City Hospital 3**
(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..... **and**

(c) City or town..... **St. Louis**
(If outside city or town limits, write "RURAL")

(d) Street No. **1711 N. Union**
6 (If rural, give location)

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

If yes, name country.....

3. (a) PRINT FULL NAME..... **George Kohler**

3. (b) If veteran, name war..... **No**

3. (c) Social Security No. **Unknown**

4. Sex..... **Male** 5. Color or race..... **White**

6. (a) Single, widowed, married, divorced..... **Widower**

6. (b) Name of husband or wife..... **Mary Kohler**

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

7. Birth date of deceased..... **December 31 1875**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
71	7	5 hr. min.

9. Birthplace..... **Alton Illinois**
(City, town, or county) (State or foreign country)

10. Usual occupation..... **Park Caretaker**

11. Industry or business.....

12. Name..... **Franz Kohler**

13. Birthplace..... **Germany**
(City, town, or county) (State or foreign country)

14. Maiden name..... **Eleanore Unknown**

15. Birthplace..... **Germany**
(City, town, or county) (State or foreign country)

16. (a) Informant..... **Fred Gissler**
(b) Address..... **6935 Amherst Ave.**

17. (a) Removal..... (b) Date thereof..... **8-12-47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... **Alton, Ill.**

18. (a) Signature of funeral director..... **Albert H. Hoppe**
(b) Address..... **4700 Washington Blvd.**

19. (a) AUG 13 1947 (b) **J. F. Brudick**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... **Aug 6** Day..... **6** hour..... **45** minute..... **P.**

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.....
Chc. Intermittent Nephritis
Chc Myo Carditis

Due to.....

Due to..... **12/1 a**

Other conditions.....
(Include pregnancy within 3 months of death)

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?.....
(Specify type of place)

While at work?..... (c) Means of injury..... **3**

23. Signature..... **Thomas J. Callahan Cor**
(M. D. or other)

Address..... **1300 Clark** Date signed..... **8-13-47**

PHYSICIAN

Underline the cause of which death should be charged statistically.

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.....

J. Allen Davis
.....
Licensed Embalmer No. *4053*
.....

P. O. Address. *St. Louis*
.....

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.