

No. 2
-1/47
-17-39

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **43825**

FILED DEC 31 1947

Registration District No. **9477**

Primary Registration District No. **6076**

Registrar's No. **2741**

1. PLACE OF DEATH:

(a) County **St. Louis**

(b) City or town **Creve Coeur Lake**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **Ist & Marine**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **30 Years**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Louis** **96**

(c) City or town **Creve Coeur Lake**
(If outside city or town limits, write "RURAL")

(d) Street No. **Ist & Marine**
(If rural, give location)

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

If yes, name country.....

3. (a) PRINT FULL NAME **William J. Kahl**

3. (b) If veteran, name war **None**

3. (c) Social Security No. **None**

4. Sex **M** 5. Color or race **W**

6. (a) Single, widowed, married, divorced **W 2**

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

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

7. Birth date of deceased **Nov 22 1887**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

60 1 4 hr. min.

9. Birthplace **St. Louis Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Amusement Owner**

11. Industry or business **self & Son.**

12. Name **John Kahl**

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

14. Maiden name **Elizabeth Bung**

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

16. (a) Informant **Nelson W. Davis**

(b) Address **Maryland Heights, Mo.**

17. (a) **Burial** (b) Date thereof **12-29-47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Fee Fee Cemetery**

18. (a) Signature of funeral director **William B. ...**

(b) Address **2504 Woodson Rd - Overland Park, Mo.**

19. (a) **12-29-47** (b) **Carl ...**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec.** day **26**
year **1947** hour minute 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 **Self-administered strangulation by ligature**

Due to **1640**

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

~~XXXXXX~~

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **Suicide**

(b) Date of occurrence **Dec. 26, 1947.**

(c) Where did injury occur? **Creve Coeur Lake**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? **Garage of his home**

While at work? (Specify type of place) **Strangulation**

(e) Means of injury **Carotid**

23. Signature **Amel J. Waldmann** (M. D. or other) **3**
Address **Clayton, Mo.** Date signed **12/27/47**

Duration

PHYSICIAN

Underline the cause of which death should be charged statistically.

WRITE PLAINLY—USING 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.....
..... Registered Apprentice No.....
working under my personal supervision.

Signed.....

Oscar F. Mueller

Licensed Embalmer No. *3039*

P. O. Address *Overland 74 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.