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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 19 1948

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 38338 9714

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

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: DePaul 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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis 96

(c) City or town Florissant.
(If outside city or town limits, write "RURAL")

(d) Street No. 1209 St. Antoine St.,
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME SANDRA MARIE KOHNEN.

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female

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 Nov. 7, 1948.
(Month) (Day) (Year)

8. AGE: Years | Months | Days | If less than one day 2 hr. 30 min.

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

10. Usual occupation None

11. Industry or business

FATHER
12. Name Paul Kohnen
13. Birthplace Florissant, Mo.
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Thelma Korte
15. Birthplace Florissant, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Paul Kohnen
(b) Address Florissant, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 8/48.
(Month) (Day) (Year)
(c) Place: burial or cremation Sacred Heart Cem., Florissant, Mo.

18. (a) Signature of funeral director Jos. W. Clark
(b) Address 1125 Hodiamont Ave.,

19. (a) NOV 8 1948 (Date received local registrar) (b) J. B. [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 7
year 1948 hour 5.30 minute A.M.M.

21. I hereby certify that I attended the deceased from Nov 7, 1948, to 2:45 PM, 1948
that I last saw her alive on Nov 7, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Bilateral massive congenital renal tumor

Due to

Due to

Other conditions Congenital atelectasis
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Bilateral massive renal tumor

Duration

161

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 [illegible] (M. D. or other) MD

Address 9a [illegible] Date signed 11/8/48

(Licensed Embalmer's Statement on Reverse Side)

Dr. Jos. D. Judy
9 A. So. Florissant Road
Ferguson, Mo. 8.30-- 10.30 A.M.
VI. 7-0018.

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. W. Clark

Licensed Embalmer No. 1661

No. Embalming

P. O. Address 1125 Hodiamont 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.)

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