

FILED NOV 4 1949

 THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. 35800

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>3069</u>		Registrar's No. <u>4265</u>			
1. PLACE OF DEATH a. COUNTY <u>ST LOUIS</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>ILLINOIS</u> b. COUNTY <u>MONROE</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RICHMOND HEIGHTS</u>		c. LENGTH OF STAY (in this place) <u>21 DAYS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>WATERLOO</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. MARYS</u>				d. STREET ADDRESS (If rural, give location) <u>WEST 3RD STREET 2</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>CURTIS</u>		b. (Middle) <u>LEE</u>		c. (Last) <u>KOHLER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>OCT 29 1949</u>			
5. SEX <u>MALE</u>		16. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>SINGLE</u>		8. DATE OF BIRTH <u>AUGUST 27, 1949</u>			
9. AGE (In years last birthday) <u>2</u>		IF UNDER 1 YEAR Months <u>2</u>		IF UNDER 12 HRS. Hours <u>2</u>		Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>AT HOME</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>AT HOME</u>		11. BIRTHPLACE (State or foreign country) <u>RED BUD ILLINOIS</u>		12. CITIZEN OF WHAT COUNTRY? _____			
13a. FATHER'S NAME <u>HUGO KOHLER</u>			13b. MOTHER'S MAIDEN NAME <u>CATHERINE WUERTZ</u>			14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Hugo Kohler</u>		ADDRESS <u>WATERLOO ILL</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congenital Heart Disease</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH <u>Since birth</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Mongolism</u>								<u>7544</u> <u>since birth</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____					
22. I hereby certify that I attended the deceased from <u>October 8, 1949</u> , to <u>October 29, 1949</u> , that I last saw the deceased alive on <u>October 28, 1949</u> , and that death occurred at <u>7:30 a.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>James P. King, M.D.</u>				23b. ADDRESS <u>St. Mary's Hospital St. Louis</u>		23c. DATE SIGNED <u>29 OCT 1949</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>OCT 31, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>ST. PETERS &amp; PAULS</u>		24d. LOCATION (City, town, or county) (State) <u>WATERLOO ILLINOIS</u>			
DATE REC'D BY LOCAL REG. <u>Oct. 30, 1949</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Adams, M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Emil Queenheim</u>		ADDRESS <u>WATERLOO ILLINOIS</u>			

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

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed Ben. H. Beldun

Licensed Embalmer No. 2420

P. O. Address E. 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.