S. No. 300
v. 10.48

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

FILED DEC 6 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39761

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 4477

1. PLACE OF DEATH

a. COUNTY: St. Louis

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jefferson Barracks, Mo.

c. LENGTH OF STAY (In this place): 2 Days

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Vet. Adm. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Missouri

b. COUNTY: ~~[illegible]~~

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis

d. STREET ADDRESS (If rural, give location): 2910 Hadley Street

3. NAME OF DECEASED (Type or Print)

a. (First): Charles

b. (Middle): William

c. (Last): KOHL

4. DATE OF DEATH (Month) (Day) (Year): Nov. 21, 1949

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Nov. 25, 1889

9. AGE (In years last birthday): 59 | IF UNDER 1 YEAR: Months | Days | IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Railroad Clerk

10b. KIND OF BUSINESS OR INDUSTRY: ~~494053756~~

11. BIRTHPLACE (State or foreign country): St. Louis, Missouri

12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Antone Kohl

13b. MOTHER'S MAIDEN NAME: Fannie (Unknown)

14. NAME OF HUSBAND OR WIFE: Anna Mae Kohl

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes | (If yes, give war or dates of service): World War I

16. SOCIAL SECURITY NO.: 494053756

17. INFORMANT'S SIGNATURE OR NAME | ADDRESS: VA Hospital Records

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, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): MYOCARDIAL INFARCTION — INTERVAL BETWEEN ONSET AND DEATH: Unknown

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Hypertensive & Arteriosclerotic Cardio Vascular Disease

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

443.X

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION: 443.X

20. AUTOPSY? YES ☐ NO ☒

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) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov. 19, 1949, *to* Nov. 21, 1949, ~~*and I last saw the deceased alive on*~~, *and that death occurred at* 11:05a m., *from the causes and on the date stated above.*

23a. SIGNATURE L. E. Stilwell (Degree or title): L.E.Stilwell, M.D. Chf.Prof. Services

23b. ADDRESS: Vet.Adm. Hosp. Jeff. Brks. Mo.

23c. DATE SIGNED: 11/21/49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 11-25-1949

24c. NAME OF CEMETERY OR CREMATORY: Oak Grove Cemetery

24d. LOCATION (City, town, or county) (State): St. Louis County Mo

DATE REC'D BY LOCAL REG.: 11-22-49

REGISTRAR'S SIGNATURE: Herbert R. Womke M.D.

25. FUNERAL DIRECTOR'S SIGNATURE | ADDRESS: Hy.Leidner Und. Co., St.Louis, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.....

....., Student Embalmer No. .....,

working under my personal supervision.

Student .....
Student Embalmer

Signed John P. Buckholz

Licensed Embalmer No. 1674

P. O. Address 2221 St. Louis 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.