

FILED AUG 11 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

318

1003

State File No. 24971  
6248  
Registrar's No.

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>			
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>		c. LENGTH OF STAY (If in this place) <b>1 Hr.</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Afton (South)</b>		4820	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Anthony Hospital</b>				d. STREET ADDRESS (If rural, give location) <b>Tesson Ferry Rd.</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Katherine</b>		b. (Middle) _____		c. (Last) <b>Kohler</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>7 19 50</b>	
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Oct. 6, 1877</b>		9. AGE (In years last birthday) <b>72</b> IF UNDER 1 YEAR Months Days IF UNDER 1 WKS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during normal working life, even if retired) <b>HW'r.</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>		11. BIRTHPLACE (State or foreign country) <b>Baden Germany</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Joseph (Unknown)</b>			13b. MOTHER'S MAIDEN NAME <b>Unknown</b>			14. NAME OF HUSBAND OR WIFE <b>Joseph Kohler</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no (unknown)) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>No</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Joseph Kohler South Afton Mo.</b>			
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) <b>Internal Hemorrhage Multiple Fractures, suffered when struck by auto driven by one of Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>Schuschmidt in front of Route # 6, Afton Mo about 530 pm</b></b>					INTERVAL BETWEEN ONSET AND DEATH <b>1975</b>
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <b>400 Accident</b>					20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE OR HOMICIDE (Specify) <b>Accident</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Afton Mo Mo</b>		21f. HOW DID INJURY OCCUR? <b>6/8/24</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>July 19 50 530 p.m.</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <b>7:15 pm</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>John L Ziegenhein</b> (Degree of title) _____			23b. ADDRESS <b>1309 Clark</b>			23c. DATE SIGNED <b>7/21/50</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>7/22/50</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Assumption Ch. Cem.</b>		24d. LOCATION (City, town, or county) (State) <b>Mattese Missouri</b>	
DATE REC'D BY LOCAL REG. <b>JUL 21 1950</b>		REGISTRAR'S SIGNATURE <b>J. B. Basater</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>John L Ziegenhein &amp; Sons 7027 Gravois</b>			

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

SEP 28 1956

SEP 27 1956

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 W. J. Peterson

Licensed Embalmer No. 3767

P. O. Address 7027 Gravois

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.