

FILED OCT 23 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34485
Registrar's No. 37

BIRTH NO. _____ REG. DIST. NO. 305 PRIMARY REG. DIST. NO. 6047

1. PLACE OF DEATH *at Home Foristell Mo.*
 a. COUNTY *St Charles*
 b. CITY OR TOWN *Foristell Rural*
 c. LENGTH OF STAY (in this place) *8 yr*
 d. FULL NAME OF HOSPITAL OR INSTITUTION _____

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
 a. STATE *Mo*
 b. COUNTY *St Charles*
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN *Foristell Rural*
 d. STREET ADDRESS (If rural, give location) *2 miles East of Foristell*

3. NAME OF DECEASED
 a. (First) *George* b. (Middle) *Joseph* c. (Last) *Kohler*
 (Type or Print)

4. DATE OF DEATH *Oct 9 1950*
 (Month) (Day) (Year)

5. SEX *Male* 6. COLOR OR RACE *White* 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) *Married* 8. DATE OF BIRTH *Dec 3 1875* 9. AGE (In years last birthday) *74* 10. MONTHS *10* 11. DAYS *6* 12. HOURS *0* 13. MIN. *0*

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) *Carpenter* 10b. KIND OF BUSINESS OR INDUSTRY *Builder* 11. BIRTHPLACE (State or foreign country) *Missouri* 12. CITIZEN OF WHAT COUNTRY? *U.S.A.*

13a. FATHER'S NAME *Conrad Kohler* 13b. MOTHER'S MAIDEN NAME *Mary Spencer* 14. NAME OF HUSBAND OR WIFE *Minnie-Bach-Kohler*

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) *yes* (If yes, give war or dates of service) *Spanish/American* 16. SOCIAL SECURITY NO. *none* 17. INFORMANT'S SIGNATURE OR NAME *Minnie Kohler* ADDRESS *Foristell Mo*

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) *Carcinoma of Prostate*
 ANTECEDENT CAUSES _____ DUE TO (b) _____
 *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
 DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS
 Conditions contributing to the death but not related to the disease or condition causing death. *Arteriosclerosis*

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 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) _____ 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 *2-18*, 19*48*, to *10-9*, 19*50*, that I last saw the deceased alive on *Oct 9*, 1950, and that death occurred at *3:20pm.*, from the causes and on the date stated above.

23a. SIGNATURE *W.E. Bergesen* (Degree or title) *D.O.* 23b. ADDRESS *Wentzville, Mo* 23c. DATE SIGNED *10-11-50*

24a. BURIAL, CREMATION, REMOVAL (Specify) *Burial* 24b. DATE *Oct 12-50* 24c. NAME OF CEMETERY OR CREMATORY *Linn Cemetery* 24d. LOCATION (City, town, or county) (State) *Wentzville 1770*

DATE REC'D BY LOCAL REG. *Oct 17/1950* REGISTRAR'S SIGNATURE *Martha P. ...* 25. FUNERAL DIRECTOR'S SIGNATURE *W.E. Pitman* ADDRESS *Funeral Home Wentzville Mo*

920

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

File No. _____
DISTRICT HEALTH OFFICE No. 4

OCT 21 1950

RECEIVED

NOV 9 1950

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.

Signed _____

Signed _____
Student Embalmer

Licensed Embalmer No. _____

P. O. Address _____

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.