

FILED FEB 19 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5144

BIRTH NO. _____		REG. DIST. NO. 162		PRIMARY REG. DIST. NO. 5595		Registrar's No. 11		
1. PLACE OF DEATH a. COUNTY Jefferson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Jefferson				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Antonia ROCK		c. LENGTH OF STAY (in this place) 2 years		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Antonia Mo		0500		
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) 0				
3. NAME OF DECEASED (Type or Print) a. (First) Andrew			b. (Middle) F.		c. (Last) Kohler		4. DATE OF DEATH (Month) (Day) (Year) Feb. 8 1951	
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Dec. 1 1877		9. AGE (In years last birthday) 73	IF UNDER 1 YEAR Months 2 Days 7	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farmer		11. BIRTHPLACE (State or foreign country) Antonia Mo.		12. CITIZEN OF WHAT COUNTRY? U. S. A.		
13a. FATHER'S NAME Leo Kohler			13b. MOTHER'S MAIDEN NAME Mary Dautzner		14. NAME OF HUSBAND OR WIFE Barbara Kohler Dec.			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Mrs Philip Kohler Kimmswick Mo				ADDRESS
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) Rupture of middle meningeal artery					INTERVAL BETWEEN ONSET AND DEATH		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Senility DUE TO (c)							
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					331X		
19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) Kimmswick Jefferson Mo				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT 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 Feb 1, 1951, to Feb 8, 1951, that I last saw the deceased alive on Feb 8, 1951, and that death occurred at _____ m, from the causes and on the date stated above.								
23a. SIGNATURE P. Reichert				23b. ADDRESS Kimmswick, Mo		23c. DATE SIGNED 2/9/51		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Feb. 11 1951	24c. NAME OF CEMETERY OR CREMATORY Antonia Cemetery		24d. LOCATION (City, town, or county) (State) Antonia Mo.			
DATE REC'D BY LOCAL REG. Feb 10-51		REGISTRAR'S SIGNATURE Miss Ruth Jones		25. FUNERAL DIRECTOR'S SIGNATURE Heiligtag Funeral Home.		ADDRESS KIMMSWICK MO.		

(Licensed Embalmer's Statement on Reverse Side)

KIMMSWICK MO.

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

FEB 22 1953

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI
DATE RECEIVED 2-13-51

JAN 8 1953

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 *Elmer Heiligtag*

Licensed Embalmer No. *3571*

P. O. Address *Kimmerick, 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.