

FILED JAN 16 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 43097

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 11774

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY 2229	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION City Hospital		d. STREET ADDRESS (If rural, give location) 220 2229 Warren St	

3. NAME OF DECEASED (Type or Print) a. (First) Elyira b. (Middle) Kohl c. (Last) Kohl			4. DATE OF DEATH (Month) (Day) (Year) Dec. 31, 1951		
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH July 23, 1864	9. AGE (In years last birthday) 87	9. AGE (In years last birthday) Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) St. Louis Mo		12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME Henry Pillmann		13b. MOTHER'S MAIDEN NAME Ann K. Wright		14. NAME OF HUSBAND OR WIFE Emil Kohl	
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. no		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Clarence Kohl 609 Hillside Road	

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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Lv right hip</i>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>arterio sclerosis</i> DUE TO (c) <i>when she fell in her home on Nov 3 1951</i>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>at about 11:30 pm</i>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <i>Accident</i>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE OR UNDETERMINED <i>Accident</i>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>Home</i>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>St Louis Mo</i>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) <i>Nov 3 5:11 pm</i>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <i>FDD</i>

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 5:30 p.m., from the causes and on the date stated above. 21

23a. SIGNATURE <i>Carl Smith, M.D.</i>		23b. ADDRESS <i>1300 Clark</i>		23c. DATE SIGNED <i>1/3/52</i>
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>2-4-1952</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Friedens Cemetery</i>	24d. LOCATION (City, town, or county) (State) <i>St. Louis Mo</i>	
DATE REC'D BY LOCAL REG. <i>JAN 3 1952</i>	REGISTRAR'S SIGNATURE <i>Carl Smith, M.D.</i>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Leidner U. 2223 St. Louis Ave.</i>		

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

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

Robert M. Murray
Licensed Embalmer No. *3749*
P. O. Address *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.