

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **10209**
 Registrar's No. **2246**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place)	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2179	
d. FULL NAME OF HOSPITAL OR INSTITUTION Luthern Hospital		d. STREET ADDRESS (If rural, give location) 4034 Botanical Avenue	

3. NAME OF DECEASED (Type or Print) a. (First) Stephen b. (Middle) H. c. (Last) Kohl			4. DATE OF DEATH (Month) (Day) (Year) March 9, 1952		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 22, 1870	9. AGE (In years last birthday) 81	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Engineer		10b. KIND OF BUSINESS OR INDUSTRY Stationary	11. BIRTHPLACE (State or foreign country) Indiana		12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME Roman Kohl		13b. MOTHER'S MAIDEN NAME Wilma Ottman		14. NAME OF HUSBAND OR WIFE Mary Kohl	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 489-14-1222		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Otto Kohl 5227 Palm Street	

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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of head of Pancreas ANTECEDENT CAUSES Asporid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) Senility Cachexia II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH 1 1/2 yrs 6 mos 1 year
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19a. DATE OF OPERATION 3/12/51		19b. MAJOR FINDINGS OF OPERATION Carcinoma of head of pancreas		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) St. Louis Mo. Ind.	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 157X	

22. I hereby certify that I attended the deceased from **Feb**, 19**44**, to **3/8/52**, 19**52**, that I last saw the deceased alive on **3/8/52**; 19**52**, and that death occurred at **9** a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Walter H. Hooper M.D.		23b. ADDRESS 3100 S. Grand		23c. DATE SIGNED MAR 10 52	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE March 12, 1952		24c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.	
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DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE MAR 10 1952 J. Carl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Weick Bros. 2201 So. Grand Blvd.	
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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 Bert Hoffman

Licensed Embalmer No. 4365

P. O. Address Chicago, Ill.

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.