

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **39868**

DEC 8 1952

BIRTH NO.		REG. DIST. NO. 310		PRIMARY REG. DIST. NO. 6051		Registrar's No. 247				
1. PLACE OF DEATH a. COUNTY St. Charles				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Charles						
b. CITY (If outside corporate limits, write RURAL and give township) Boschertown		c. LENGTH OF STAY (in this place) 10 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) Boschertown		0920				
d. FULL NAME OF HOSPITAL OR INSTITUTION Rural Route # 3				d. STREET ADDRESS (If rural, give location) Rural Route # 3						
3. NAME OF DECEASED (Type or Print) FRED			a. (First)		b. (Middle)		c. (Last) KOHR			
4. DATE OF DEATH (Month) (Day) (Year) December 2, 1952		5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH January 29, 1866		
9. AGE (In years last birthday) 86		IF UNDER 1 YEAR Months 10		IF UNDER 1 YEAR Days 3		IF UNDER 1 HR. Hours 1		IF UNDER 1 HR. Min. 3		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer			10b. KIND OF BUSINESS OR INDUSTRY Farming			11. BIRTHPLACE (State or foreign country) Lincoln County, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME Henry Kohrs			13b. MOTHER'S MAIDEN NAME Maria Lohmeier			14. NAME OF HUSBAND OR WIFE Anna Kohrs				
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 Harry Kohrs, R.R.#3, St. Charles, Mo.			ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH 1 hour		
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)		Coronary atherosclerosis						
ANTECEDENT CAUSES		DUE TO (b)		Coronary Atherosclerosis				?		
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c)		Atherosclerosis						
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.		Cerebral Sclerosis						
19a. DATE OF OPERATION		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)		4201				
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 Aug 10 , 19 51 , to Dec. 2 , 19 52 , that I last saw the deceased alive on Nov 10 , 19 52 , and that death occurred at 9:30 P m. , from the causes and on the date stated above.										
23a. SIGNATURE <i>[Signature]</i>					23b. ADDRESS St. Charles, Mo.			23c. DATE SIGNED 12-3-52		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12/5/52		24c. NAME OF CEMETERY OR CREMATORY Lutheran Cemetery		24d. LOCATION (City, town, or county) (State) St. Charles, Missouri				
DATE REC'D BY LOCAL REG. Dec 5, 1952		REGISTRAR'S SIGNATURE <i>[Signature]</i>			25. FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i>		ADDRESS Bone Funeral Home St. Charles, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

920
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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 Clarence M. Billa

Licensed Embalmer No. 4375

P. O. Address St. Charles, 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.