

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **41128**

**FILED DEC 12 1952**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **500** Registrar's No. **3155**

1. PLACE OF DEATH a. COUNTY <b>St. Louis County</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Affton, Missouri</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Affton</b>	
c. LENGTH OF STAY (In this place) <b>10 yrs.</b>		d. STREET ADDRESS (If rural, give location) <b>827 Forman</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>827 Forman</b>			

3. NAME OF DECEASED (Type or Print) <b>Herman</b>	a. (First)	b. (Middle) <b>A.</b>	c. (Last) <b>Koglin</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Dec. 7 1952</b>
--	------------	--------------------------	----------------------------	---

5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Feb. 22, 1867</b>	9. AGE (In years last birthday) (If under 1 year: Months Days Hours Min.) <b>85 yrs.</b>
-----------------------	----------------------------------	--	--	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Florist</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Fred Bruenig Florist</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Staettin, Germany</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
---	--	--	--

13a. FATHER'S NAME <b>? Koglin</b>	13b. MOTHER'S MAIDEN NAME <b>Unknown</b>	14. NAME OF HUSBAND OR WIFE <b>Mary Koglin (nee Ham)</b>
---------------------------------------	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>	16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mr. Henry A. Koglin, 827 Forman, Affton, Mo.</b>
---	--	--

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Arteriosclerotic heart disease</b>		<b>3 yrs.</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<b>4200</b>	

19a. DATE OF OPERATION <b>None</b>	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
---------------------------------------	----------------------------------	---

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>M 67</b>	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) (Min.)	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 **Nov. 21, 1952**, to **Dec. 7, 1952**, that I last saw the deceased alive on **Dec. 2, 1952**, and that death occurred at **5:10 A.M.** m., from the causes and on the date stated above.

23a. SIGNATURE (Deceased) (Title) <b>Sam H. Klein</b>	23b. ADDRESS <b>76376 Kingshighway</b>	23c. DATE SIGNED <b>11/8/52</b>
--	---	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Dec. 10, 1952</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Concordia Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis, Missouri</b>
--	-----------------------------------	---	---

DATE REC'D BY LOCAL REG. <b>12-9-52</b>	REGISTRAR'S SIGNATURE (P.T.) <b>Herbert R. Douche - M.D.</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Beiderwieden F.H. Inc. 1926 St. Louis Ave.</b>
--	---	---

No. 300 19-48  
4000  
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. Bert Klein  
2632 S. Kingshighway

Phone - *20* 8087  
Hours - 1 to 4

**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 J. Klein*  
Licensed Embalmer No. *3497*  
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.