

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

33028

FILED SEP 24 1953

State File No. ....

BIRTH NO. ....

REG. DIST. NO. **318**PRIMARY REG. DIST. NO. **1003**Registrar's No. **8031**

<b>1. PLACE OF DEATH</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission).				
a. COUNTY <u>St. Louis</u>		a. STATE <u>Missouri</u>		b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. CITY OR TOWN <u>St. Louis</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1018 Garth Ave.,</u>		e. STREET ADDRESS (If rural, give location) <u>8 1018 Garth Ave</u>				
<b>3. NAME OF DECEASED</b> (Type or Print)			<b>4. DATE OF DEATH</b> (Month) (Day) (Year)			
a. (First) <u>CHARLES</u>			b. (Middle) <u>HENRY</u>		c. (Last) <u>COHLMAN</u>	
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>machinist</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Cement</u>		8. DATE OF BIRTH <u>May 25th, 1896</u>		
11. BIRTHPLACE (City and State or Foreign Country) <u>St. Charles, Mo.</u>		9. AGE (In years last birthday) <u>57</u> IF UNDER 1 YEAR Months Days IF UNDER 12 HRS. Hours Min.				
12. CITIZEN OF WHAT COUNTRY? <u>C</u>		13a. FATHER'S NAME <u>Frank Cohlman</u>		13b. MOTHER'S MAIDEN NAME <u>Virginia Reidy</u>		
14. NAME OF HUSBAND OR WIFE <u>Mary Cohlman</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes WW I</u>		16. SOCIAL SECURITY NO. <u>492-10-5226</u>		
17. INFORMANT'S SIGNATURE OR NAME <u>Mary Cohlman, 1018 Garth Ave.,</u>		ADDRESS				
<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  <i>*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>		<b>MEDICAL CERTIFICATION</b>				<b>INTERVAL BETWEEN ONSET AND DEATH</b>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____		ANTECEDENT CAUSES				
DUE TO (b) <u>Coronary Occlusion</u>		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				
DUE TO (c) <u>Coronary Sclerosis</u>		II. OTHER SIGNIFICANT CONDITIONS				
Conditions contributing to the death but not related to the disease or condition causing death.						
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)		
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? <u>420.1</u>		
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 <u>7:00 P.</u> m., from the causes and on the date stated above.						
23. SIGNATURE. <u>Patricia Taylor, Coroner</u> (Degree or title)		23b. ADDRESS. <u>1300 Clark</u>		23c. DATE SIGNED. <u>8.18.53</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>August 19th, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>		
24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>DIEDRICH FUNERAL HOME, 8319 Hallsferry</u>				
DATE REC'D BY LOCAL REG. <u>AUG 18 1953</u>		REGISTRAR'S SIGNATURE <u>J. Earl Smith, M.D.</u>		3.P. (Licensed Embalmer's Statement on Reverse Side)		

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

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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.....  
Signature of Student Embalmer

Signed..... *Eaton R. Remelius*

Licensed Embalmer No. *4283*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.