

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

36310

State File No.

BIRTH NO. _____ REG. DIST. NO. 160 PRIMARY REG. DIST. NO. 3030 Registrar's No. 92

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
a. COUNTY <u>JEFFERSON</u>		a. STATE <u>Mo.</u>	b. COUNTY <u>JEFFERSON</u>
b. CITY (If outside corporate limits, write RURAL and give township) <u>FESTUS</u>	c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR <u>FESTUS</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>422 NORTH ADAMS</u>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <u>HENRY</u>	b. (Middle)	c. (Last) <u>KOHLER</u>	(Month) <u>SEPT.</u>	(Day) <u>30</u>	(Year) <u>1953</u>
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>JUNE 17, 1903</u>		9. AGE (In years last birthday) <u>50</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>GLASS WORKER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>PLATE GLASS</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>STE. GENEVIEVE Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>FRANK KOHLER</u>	13b. MOTHER'S MAIDEN NAME <u>ANNA GERSNER</u>	14. NAME OF HUSBAND OR WIFE <u>MARTHA KOHLER</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>489-03-4686</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Martha Kohler Festus, Mo.</u>

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
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. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Coronary Thrombosis</u>	<u>3yrs</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Previous Attacks over</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 <u>4201</u>	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)
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 Jan. 11, 1950, to Sept. 30, 1953, that I last saw the deceased alive on June 25, 1953, and that death occurred at 5:20 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>H. V. ... M.D.</u>	23b. ADDRESS <u>Crystal City, Mo.</u>	23c. DATE SIGNED <u>10-2-53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>OCT. 3, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>CATHOLIC CEMETERY</u>
24d. LOCATION (City, town, or county) (State) <u>CRYSTAL CITY, MO.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>H. S. ... Festus, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>10-3-53</u>	REGISTRAR'S SIGNATURE <u>Gauley R. Polette</u>	ADDRESS

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10. 48
502
1

FILED OCT 26 1953

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED

OCT 14 1953

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

James Hammerford

Licensed Embalmer No. 4744

P. O. Address Crystal City, 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.