S. No. 300
v. 10.48

FILED JAN 19 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 45393

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 12383

1. PLACE OF DEATH
a. COUNTY /
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 3446 Humphrey

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY
c. CITY OR TOWN St. Louis
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location) 16 3446 Humphrey 2169 0

3. NAME OF DECEASED (Type or Print)
a. (First) ROBERT
b. (Middle) W
c. (Last) KOHLHAUFF

4. DATE OF DEATH (Month) (Day) (Year) 12-30-1953

5. SEX Male 0
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Wid 2
8. DATE OF BIRTH 12-7-1884
9. AGE (In years last birthday) 69 — IF UNDER 1 YEAR Months 0 Days 22 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Retired Paper Hd.
10b. KIND OF BUSINESS OR INDUSTRY Painter
11. BIRTHPLACE (City and State or Foreign Country) St. Louis Mo 0
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Robert Kohlhauff
13b. MOTHER'S MAIDEN NAME Not Known
14. NAME OF HUSBAND OR WIFE Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME Audrey Shaw R.R." Hauses Spring MO ADDRESS

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ACUTE CONGESTIVE HEART FAILURE — INTERVAL BETWEEN ONSET AND DEATH 2 wks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) AORTIC STENOSIS — 5 yrs
DUE TO (c)

11. 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 4211
20. AUTOPSY? YES ☐ NO ☐

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 28, 1953, *to* Dec 30, 1953, *that I last saw the deceased alive on* Dec 30, 1953, *and that death occurred at* 10/10 PM *from the causes and on the date stated above.*

23a. SIGNATURE John T Vandover (Degree or title) MD
23b. ADDRESS 1504 South Grand
23c. DATE SIGNED 1/4/54

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 1-2-1954
24c. NAME OF CEMETERY OR CREMATORY S.S.PEter & Paul Cem
24d. LOCATION (City, town, or county) St. Louis Mo (State)

DATE REC'D BY LOCAL REG. DEC 31 1953
REGISTRAR'S SIGNATURE J. Earl Smith, M.D. E.P.
25. FUNERAL DIRECTOR'S SIGNATURE WINGBERMUEHLE #819 S Grand Blvd ADDRESS

(Licensed Embalmer's Statement on Reverse Side)

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

0

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalm

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Geo. J. Hingbermuehle Jr.

Licensed Embalmer No. 46 11

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failu 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.