

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5810

State File No.

BIRTH NO. FILED MAR 1 1954 REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058 Registrar's No. 69

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| 1. PLACE OF DEATH a. COUNTY <u>Saint Charles</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>St. Charles</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Saint Charles</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Saint Charles</u> | |
| c. LENGTH OF STAY (In this place) <u>life</u> | | d. STREET ADDRESS (If rural, give location) <u>615 South Benton</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>615 S. Benton St.</u> | | | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Anna</u> b. (Middle) <u>R.</u> c. (Last) <u>Kohlenhoefer</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 19, 1954</u> | | |
| 5. SEX <u>Female</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | |
| 8. DATE OF BIRTH <u>Sept. 9, 1863</u> | | 9. AGE (In years last birthday) <u>90</u> | | IF UNDER 1 YEAR: Months <u>5</u> Days <u>10</u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>own</u> | | 11. BIRTHPLACE (State or foreign country) <u>Missouri</u> | |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | | | | |

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| 13a. FATHER'S NAME <u>John Hahn</u> | | 13b. MOTHER'S MAIDEN NAME <u>Catherine Fetsch</u> | | 14. NAME OF HUSBAND OR WIFE <u>Henry K. Kohlenhoefer</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | | 16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>None</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Ralph Kohlenhoefer, St. Chas., Mo.</u> | |

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| 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, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic myocarditis & decompensation + failure</u> | | | INTERVAL BETWEEN ONSET AND DEATH <u>9 days</u> |
| ANTECEDENT CAUSES Morbidity 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. <u>generalized arteriosclerosis</u> | | | <u>10 yrs</u> |

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| 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) <u>4221</u> | |

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|--|--|--|--|----------------------------|--|
| 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, 1951, to 2/19, 1954, that I last saw the deceased alive on 2/19, 1954, and that death occurred at 2 P. m., from the causes and on the date stated above.

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|--|--|-------------------------------------|--|---------------------------------|--|
| 23a. SIGNATURE (Degree or title) <u>George E. Kistner MD</u> | | 23b. ADDRESS <u>St. Charles, Mo</u> | | 23c. DATE SIGNED <u>2-20-54</u> | |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>Feb. 22, 1954</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Saint Peter's Cemetery</u> | |
| | | | | 24d. LOCATION (City, town, or county) (State) <u>Saint Charles, Mo.</u> | |

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|---|--|--|--|--|--|
| DATE REC'D BY LOCAL REG. <u>Feb 20 1954</u> | | REGISTRAR'S SIGNATURE <u>Fannie Hume</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W.C. Dallmeyer & Son, St. Charles, Mo.</u> | |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0.300
0.48

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 Frank R. Anglen

Licensed Embalmer No. 4832

P. O. Address St. Charles

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.