

FILED JUN 24 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

20807

4452

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) a. STATE <u>Missouri.</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis, Mo.</u>		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <u>St. Louis,</u> d. In 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>5432 Finkman</u>		e. STREET ADDRESS (If rural, give location) <u>2 5432 Finkman</u> <u>2029</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Wilhelmina</u>	b. (Middle) <u>Mary</u>	c. (Last) <u>Kohm</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>May 17, 1954.</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>Oct. 1, 1864.</u>	9. AGE (In years last birthday) <u>89</u>	If UNDER 1 YEAR Months	If UNDER 24 HRS. Days	If UNDER 1 HRS. Hours	If UNDER 15 Min. Min.
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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>At Home.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>St. Mary's Missouri,</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Joseph Buehler</u>	13b. MOTHER'S MAIDEN NAME <u>Catherine (Unavaible)</u>	14. NAME OF HUSBAND OR WIFE <u>Henry Kohm</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or dates of service) <u>No.</u>	16. SOCIAL SECURITY NO. <u>Nil.</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Dr. Leonard H. Kohm,</u>	ADDRESS <u>6604 Nottingham,</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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 weeks</u>	
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic myocardiopathy</u> DUE TO (c) <u>Chronic intestinal Neoplasia</u>			<u>2 yrs</u>
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Securidy</u>			<u>2 yrs</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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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 <u>4201</u>
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22. I hereby certify that I attended the deceased from Dec 19, 58, to May 17, 1954, that I last saw the deceased alive on May 16, 1954, and that death occurred at 8:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Madison J. Hagan, M.D.</u>	23b. ADDRESS <u>506 Olive St.</u>	23c. DATE SIGNED <u>5/18/54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>5-18-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Ste Genevieve, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>MAY 18 1954</u>	REGISTRAR'S SIGNATURE <u>Carl Smith M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Albert H. Hoppe</u>	ADDRESS <u>4700 Washington.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....
Elton H. Remelius

Licensed Embalmer No.....
428

P. O. Address.....
St. Louis

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.