

FILED SEP 16 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32431

BIRTH NO.		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 541		Registrar's No. 2089			
1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE Mo. b. COUNTY St. Louis					
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Clayton		c. LENGTH OF STAY (in this place) 1 Week		c. CITY OR TOWN So. Affton		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis County Hosp.				STREET ADDRESS (If rural, give location) Tesson Ferry Rd.					
3. NAME OF DECEASED (Type or Print) a. (First) Joe			b. (Middle) Kohler		c. (Last) Kohler		4. DATE OF DEATH (Month) (Day) (Year) 8 29 54		
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Oct. 23, 1877		9. AGE (In years last birthday) 76			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired JELLY EMP.		10b. KIND OF BUSINESS OR INDUSTRY Hardware Store		11. BIRTHPLACE (City and State or Foreign Country) Jefferson County, Mo.		12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME William Kohler			13b. MOTHER'S MAIDEN NAME Mrs. Geisler		14. NAME OF HUSBAND OR WIFE Kathern Kohler				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ferdinand Kohler 565 Esler St.					
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, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive Heart Failure ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Heart Disease DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND 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)		4200			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 8-23, 1954, to 8-29, 1954, that I last saw the deceased alive on 8-29, 1954, and that death occurred at 3:00 a.m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) Wm. J. Daniels M.D.				23b. ADDRESS 601 S. Brentwood		23c. DATE SIGNED 8/29/54			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9-1-54		24c. NAME OF CEMETERY OR CREMATORY Assumption Cemetery		24d. LOCATION (City, town, or county) (State) Mattesse, Mo.			
DATE REC'D BY LOCAL DES. 8/31/54		REGISTRAR'S SIGNATURE Richard S. ...		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS John L. Zaegenheims Sons 7027 Gravois					

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

OCT 8 1956

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.....
Donald E. Berry

Licensed Embalmer No. *406*

P. O. Address *7027*

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.