

STANDARD CERTIFICATE OF DEATH

318

PRIMARY REG. DIST. NO.

1003

Registrar's No.

4119

BIRTH NO.

REG. DIST. NO.

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri			b. COUNTY				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis			c. LENGTH OF STAY (in this place)			c. CITY OR TOWN St. Louis				
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 1948a Wyoming via City Hospital			e. STREET ADDRESS (If rural, give location) 1948a Wyoming St.			d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>				
3. NAME OF DECEASED (Type or Print)			a. (First) Lillian Louise Kohring			b. (Middle)				
			c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) May 8, 1955				
5. SEX / Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow		8. DATE OF BIRTH July 31, 1879		9. AGE (In years last birthday) 75		
						IF UNDER 1 YEAR Months 9 Days 8		IF UNDER 24 HRS. Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri 0			12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME William Meyer			13b. MOTHER'S MAIDEN NAME Minna Schneider			14. NAME OF HUSBAND OR WIFE				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO NO		16. SOCIAL SECURITY NO. no		17. INFORMANT'S SIGNATURE OR NAME Virginia Kohring			ADDRESS 1948a Wyoming 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, asphyxia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Arteriosclerotic Heart Disease, Arteriosclerosis.</i>						INTERVAL BETWEEN ONSET AND DEATH	
			ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Disease, Arteriosclerosis.</i>							
			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						20. AUTOPSY? YES <input 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)					
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? 4200					
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <i>2:50 A.M.</i> m., from the causes and on the date stated above.										
23a. SIGNATURE <i>Robert E. Jay</i>				23b. ADDRESS 1300 Clinica			23c. DATE SIGNED 5/9/55			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE May 11, 1955		24c. NAME OF CEMETERY OR CREMATORY St. Peters Cemetery			24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri			
DATE REC'D BY LOCAL REG. MAY 9 1955		REGISTRAR'S SIGNATURE <i>Carl Smith</i>			25. FUNERAL DIRECTOR'S SIGNATURE <i>W. Demetrick</i>			ADDRESS 1431 Union Blvd.		

(Licensed Embalmer's Statement on Reverse Side)

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 *Edmund H. Penelumb*.....

Licensed Embalmer No. *42*.....

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.