

FILED JUN 30 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20676

State File No.

Registrar's No. 1314

BIRTH NO. _____		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 590		Registrar's No. 1314	
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>			
b. CITY (If outside corporate limits, write RURAL and give town(ship)) <u>St. Ann</u>		c. LENGTH OF STAY (In this place) <u>10 Yrs.</u>		c. CITY OR TOWN <u>St. Ann</u>		d. Is 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>3110 LaVista Dr.</u>				e. STREET ADDRESS (If rural, give location) <u>3110 LaVista Dr.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Margaret</u>			b. (Middle) <u>1.</u>		c. (Last) <u>Kohler</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 7 1955</u>
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>June 3, 1910</u>		9. AGE (In years last birthday) <u>45</u>	IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
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 home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Fred Reeg</u>			13b. MOTHER'S MAIDEN NAME <u>Dora Sexauer</u>		14. NAME OF HUSBAND OR WIFE <u>William H. Kohler</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>490-20-5211</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>William H. Kohler 3110 La Vista Dr.</u>			
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>Terminal pneumonia</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Carcinoma of lymph nodes</u> DUE TO (c) <u>amputation of left leg and hip</u>					INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> <u>8 mos</u> <u>Dec. 1954</u>
19a. DATE OF OPERATION <u>10/11/54</u>		19b. MAJOR FINDINGS OF OPERATION <u>carcinoma of lymph nodes</u>					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)			
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 <u>10/5/54</u> , 19___, to <u>6/7/55</u> , 19___, that I last saw the deceased alive on <u>6/7/55</u> , 19___, and that death occurred at <u>12:45 Pm.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>W. G. Snyder D.O.</u>				23b. ADDRESS <u>2573 Woodson Rd., Overland 14, Mo.</u>		23c. DATE SIGNED <u>6/8/55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>June 18, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Valhall Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>6/9/55</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Danks</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Hoffmeister Colonial Mortuary</u>			

(Licensed Embalmers' Statement on Reverse Side)

6464 Chippewa St. St. Louis

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

No. 300

10.48

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.....
Signature of Student Embalmer

Signed *Harry J. L. [Signature]*
Licensed Embalmer No. *2679*

P. O. Address *2774 [Address]*

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.