

FILED SEP 22 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **31786**BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **543** Registrar's No. **2049**

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give town) OR <b>Jennings</b>		c. CITY OR TOWN <b>St. Louis</b>	
c. LENGTH OF STAY (In this place) <b>11 days</b>		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 <b>Halls Ferry Memorial Home</b>		e. STREET ADDRESS (If rural, give location) <b>5205 Zealand Avenue</b> <b>2099</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>FRANCIS</b>		b. (Middle) <b>X</b>	
c. (Last) <b>KOHM</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Sept. 1, 1955</b>	
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widower</b>		8. DATE OF BIRTH <b>Feb. 7, 1872</b>	
9. AGE (In years last birthday) <b>83</b>		10. IF UNDER 1 YEAR Months <b>6</b> Days <b>28</b> Hours <b>1</b> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Meat salesman (retired)</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Salesman</b>	
11. BIRTHPLACE (City and State or Foreign Country) <b>St. Genevieve, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Frank Kohm</b>		13b. MOTHER'S MAIDEN NAME <b>Bertha Klein</b>	
14. NAME OF HUSBAND OR WIFE <b>Deceased</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Dr. E. F. Kohm</b>		ADDRESS <b>4548 Alice Avenue</b>	
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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>arteriosclerotic cardio-vascular</b>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH <b>indefinite</b>	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Fracture of rt. femur</b>		<b>abt. 2 months</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>4221 F</b>	
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)		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 <b>Feb 23, 1954</b> , to <b>Sept. 1, 1955</b> , that I last saw the deceased alive on <b>Aug 18, 1955</b> , and that death occurred at <b>6:30 A. M.</b> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>Missal D. ... M.D.</b>		23b. ADDRESS <b>4110 West Florissant Ave.</b>	
23c. DATE SIGNED <b>9-1-55</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>Sept 3 1955</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis, Missouri</b>	
DATE REC'D BY LOCAL REG. <b>9/2/55</b>		REGISTRAR'S SIGNATURE <b>Herbert R. Domb M.D.</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>W Florissant</b>		ADDRESS <b>4746</b>	

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

(Licensed Embalmer's Statement on Reverse Side)

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..... *W. Wilkinson*

Licensed Embalmer No. 35

P. O. Address *N. Low*

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.