

FILED NOV 15 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34922

State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **9323**

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 town) St. Louis		c. CITY OR TOWN St. Louis	
c. LENGTH OF STAY (in this place) 1 mo. 16 days		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 Frisco Employees Hospital Assn		STREET ADDRESS (If rural, give location) 5070 Alcott	
3. NAME OF DECEASED (Type or Print) a. (First) Elmer b. (Middle) Leslie c. (Last) Kohring		4. DATE OF DEATH (Month) (Day) (Year) Oct 23 1955	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Sept 7, 1900
9. AGE (In years last birthday) 55		IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give full work done during most of working life, or in street) Accountant (Elec.)		10b. KIND OF BUSINESS OR INDUSTRY RR	
11. BIRTHPLACE (City and State or Foreign Country) St. Louis, MO		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME John Kohring		13b. MOTHER'S MAIDEN NAME Caroline Hoffman	
14. NAME OF HUSBAND OR WIFE Edith Schmelzer			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or date of service) Yes World War I		16. SOCIAL SECURITY NO. 702-03-4556	
17. INFORMANT'S SIGNATURE OR NAME Wife Edith Kohring		ADDRESS 5070 Alcott	
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Pancreas with Metastases ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION 7-11-55		19b. MAJOR FINDINGS OF OPERATION P.a. of Pancreas - Pt. went home & Returned	
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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 Sept 7, 1955 , to Oct. 22, 1955 , that I last saw the deceased alive on Oct 22, 1955 , and that death occurred at 2:45 A.M. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Harmon M. ...		23b. ADDRESS 4960 Laclede	
23c. DATE SIGNED 10-23-55			
24a. REMOVAL (Specify)		24b. DATE 10/26/55	
24c. NAME OF CEMETERY OR CREMATORY St. Peter's		24d. LOCATION (City, town, or county) (State) St. Louis Co MO	
DATE REC'D BY LOCAL REG. OCT 25 1955		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 3934 N. 205T	

(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 *Melvin L. Kemper*

Licensed Embalmer No. *410*

P. O. Address *3505 O*
St. Louis 20

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.