

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED NOV 23 1955

State File No. 38485
9934
Registrar's No.

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No.			
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY JEFF.					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo.		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN Crystal City		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 Firmin Desloge Hospital				e. STREET ADDRESS (If rural, give location) H. 9 HWAY #61 0581					
3. NAME OF DECEASED (Type or Print) ANNA KOHLER			a. (First)		b. (Middle)		c. (Last)		
4. DATE OF DEATH 11-13-55		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH August 26, 1879		9. AGE (In years last birthday) 76		IF UNDER 1 YEAR: MONTHS Days	
5. SEX Female		6. COLOR OR RACE White		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY -		11. BIRTHPLACE (City and State or Foreign Country) Baden, Germany	
12. CITIZEN OF WHAT COUNTRY? Germany		13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Mona Voltz		14. NAME OF HUSBAND OR WIFE Ben 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 Mr. Ben Kohler 1001 Highway #61 Crystal City, Mo.					
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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) C. V. A. Cerebral hemorrhage left lateral ventricle H. C. V. D. Hypertensive cardio-vascular disease 443X II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hip fracture left 8 days. Eggs OK from 2/1/55						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.) Home		21c. (CITY, TOWN, OR TOWNSHIP) Crystal City, Mo		(COUNTY)		21d. (STATE) 11/19/55	
21d. TIME OF INJURY 11-5-55		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Fell off a chair.					
22. I hereby certify that I attended the deceased from 11-5-55, 1955, to 11-13-55, 1955, that I last saw the deceased alive on 11-13-55, 1955, and that death occurred at 11:50 a.m., from the causes and on the date stated above.									
23a. SIGNATURE Melton Leibel M.D.				(Degree or title)		23b. ADDRESS 508 N. Grand		23c. DATE SIGNED 11/14/55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Nov. 16, 1955		24c. NAME OF CEMETERY OR CREMATORY CATHOLIC CEMETERY		24d. LOCATION (City, town, or county) CRYSTAL CITY, MO.		(State)	
DATE REC'D BY LOCAL REG. NOV 15 1955		REGISTRAR'S SIGNATURE J. Paul Smith MO		25. FUNERAL DIRECTOR'S SIGNATURE James R. Cady		ADDRESS CRYSTAL CITY, MO.			

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 *James Richard Cady*.....
Licensed Embalmer No. *430*
P. O. Address *CRYSTAL*

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.