

FILED AUG 26 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH29653  
STATE FILE NUMBER 7145

Registration District No. 318 Primary Registration District 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	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN St. Louis Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mo Pac. Hosp		Length of stay in 1b 201 1/2 STREET ADDRESS 3636 Dover Pl. (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last William B Kochner			4. DATE OF DEATH Month Day Year 7/29/57
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Mar. 21 1893
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mech. Eng		10b. KIND OF BUSINESS OR INDUSTRY Electric	9. AGE (In years last birthday) 64 IF UNDER 1 YEAR Months Days Hours Min. 12. CITIZEN OF WHAT COUNTRY? USA
11. BIRTHPLACE (City and state or country) St. Louis Mo		13. FATHER'S NAME Valentine Kochner	
14. MOTHER'S MAIDEN NAME Anna Frederici		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yrs. give war or dates of service) No	
16. SOCIAL SECURITY NO. Unk		17. INFORMANT Address Regina Kochner 3636 Dover Pl	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Coronary Thrombosis</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			INTERVAL BETWEEN ONSET AND DEATH
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 420.1		20c. TIME OF INJURY Hour Month; Day, Year a. m. p. m.	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <i>Jan</i> to <i>57</i> and last saw her alive on <i>7/27/57</i> Death occurred at <i>7/29/57</i> on the <i>premises</i> stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Charles Homer Max</i> (Degree or title)		22b. ADDRESS <i>1755 S. Grand</i>	
22c. DATE SIGNED <i>7-31-57</i>		23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	
23b. DATE 8/1/57		23c. NAME OF CEMETERY OR CREMATORY Resurrection Cem.	
23d. LOCATION (City, town, or county) St. Louis County Mo		(State)	
24. FUNERAL DIRECTOR ADDRESS Edward Fendler 5611 South Grand Blvd.		25. DATE RECD. BY LOCAL REG. <i>JUL 31 57</i>	
26. REGISTRAR'S SIGNATURE <i>J. Carl Smith MD</i> <i>m876</i>			

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

7361 6 130

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 *Neal Morris*

Licensed Embalmer No. *32*

P. O. Address *605 Ben*

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.