

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-037407
STATE FILE NUMBER

FILED NOV 13 1958 Registration District No. 290 Primary Registration District No. 5985 Registrar's No. 168

1. PLACE OF DEATH a. COUNTY Pulaski			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE New York b. COUNTY Suffolk		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Fort Leonard Wood		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Long Island		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION US Army Hospital		Length of stay in lb --	d. STREET ADDRESS 159-4184 St		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last WILLIAM FREDERICK KOHLMANN			4. DATE OF DEATH Month Day Year November 2 1958		
5. SEX Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>	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 20 Aug 1913		9. AGE (In years last birthday) 45
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Warrant Officer		10b. KIND OF BUSINESS OR INDUSTRY US Army	11. BIRTHPLACE (City and state or country) Brooklyn, New York		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Deceased		13b. MOTHER'S MAIDEN NAME Deceased		14. NAME OF HUSBAND OR WIFE Catherine Kohlmann	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes 19 yrs Service		16. SOCIAL SECURITY NO. 097-07-1202	17. INFORMANT Rupert E Stivers Lt Lt MSC Wood, Mo.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiac Arrest Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Myocardial Infarction DUE TO (c) Arteriosclerotic - Hypertensive heart disease 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 4201
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.)			
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> 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 saw the deceased on 2 Nov 58 Death occurred at 4:15 A m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE H. BARUCH (Degree or title) Capt MC		22b. ADDRESS US Army Hospital Fort Leonard Wood, Mo.		22c. DATE SIGNED 3 Nov 58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 11-4-58		23c. NAME OF CEMETERY OR CREMATORY Unknwon	
23d. LOCATION (City, town, or county) (State) St Albans Long Island New York		24. FUNERAL DIRECTOR HEDGES FUNERAL HOMES INC CROCKER		25. DATE RECD. BY LOCAL REG. MO 11-4-58	
26. REGISTRAR'S SIGNATURE Gauld					

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

doctor, coroner, etc. must use any standard nomenclature in their list. No symptoms will be listed. All diseases in Part I must be causally related.

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 *Clarence Shrock*

Licensed Embalmer No. *4896*

P. O. Address *Waynesville, N.C.*

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.