Health, & Welfare Public Service

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-016318
STATE FILE NUMBER

FILED MAY 15 1959 Registration District No. 317 Primary Registration District No. 500 Registrar's No. 1122

1. PLACE OF DEATH a. COUNTY: St. Louis ~~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 COUNTY — Inside Limits: Yes ☑ No ☐	c. CITY OR TOWN: St. Louis — Inside Limits: Yes ☑ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give location) — Length of stay in 1b: 4 — MOTHER OF GOOD COUNCIL 6825 Natural Bridge 2years	d. STREET ADDRESS (If outside, give location): 3671 Cleveland — Reside on Farm: Yes ☐ No ☑

3. NAME OF DECEASED (Type or print) First: Josephine Middle: Last: Kohler		4. DATE OF DEATH Month Day Year: 4-23-59	
5. SEX: female	6. COLOR OR RACE: white	7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐	8. DATE OF BIRTH: 2-18-1867
9. AGE (In years last birthday): 92	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife	10b. KIND OF BUSINESS OR INDUSTRY: Kept House	11. BIRTHPLACE (City and state or country): St. Louis, Mo	12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME: August F. Miller	13b. MOTHER'S MAIDEN NAME: Mary Meyer	14. NAME OF HUSBAND OR WIFE: Hugo Kohler	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: 6-----	17. INFORMANT Address: Mrs. Loretto Seeger 3949 Flad	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Arterio sclerotic Heart D. — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b): Arterio sclerosis —

DUE TO (c): 420.0

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ — 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) none

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year: none

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ — 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): none — 20f. CITY, TOWN, OR LOCATION: COUNTY: STATE:

21. I attended the deceased from Mar 26 57, to Apr 23 59 and last saw her/him alive on Apr 22 59
Death occurred at 8:30 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): M E Stockle MD	22b. ADDRESS: 7124 Natural Bridge	22c. DATE SIGNED: Apr 24 59	
23a. ~~BURIAL~~ REMOVAL (Specify): ~~Burial~~	23b. DATE: 4-25-59	23c. NAME OF CEMETERY OR CREMATORY: St. Matthews	23d. LOCATION (City, town, or county) (State): St. Louis, Mo
24. FUNERAL DIRECTOR: Weick Bros	ADDRESS: 2201 S. Grand	25. DATE RECD. BY LOCAL REG.: 4-24-59	26. REGISTRAR'S SIGNATURE: John C. Murphy MD

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. 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 .....

Licensed Embalmer No. 4108

P. O. Address .....

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.