

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-019842

STATE FILE NUMBER

FILED MAY 25 1959 Registration District No. 317 Primary Registration District No. 541 Registrar's No. 1346

1. PLACE OF DEATH a. COUNTY ST LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY ST LOUIS	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN CLAYTON		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN OVERLAND 424X
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST LOUIS CO HOSP		Length of stay in 1b D.O.A.	d. STREET ADDRESS (If outside, give location) 2337 DAWES

3. NAME OF DECEASED (Type or print) ALFRED ^{First} HOWARD ^{Middle} KOGLIN ^{Last}			4. DATE OF DEATH 5-15-59		
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/>	8. DATE OF BIRTH AUG 23 1940	9. AGE (In years last birthday) 18	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) UNEMPLOYED	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) ST LOUIS MO	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13. FATHER'S NAME ALFRED EDWARD KOGLIN		14. MOTHER'S MAIDEN NAME RUTH ELIZABETH LEFAIVRE	
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO.	17. INFORMANT Address ALFRED E. KOGLIN 2337 DAWES
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18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Penetrating gunshot wound of chest and heart		INTERVAL BETWEEN ONSET AND DEATH
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 (n) 976X		19. WAS AUTOPSY PERFORMED? 2 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Self inflicted gunshot wound of chest
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20c. TIME OF INJURY 10:20 AM	Hour Month Day Year 5/15/59	body found
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20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) bedroom of home	20f. CITY, TOWN, OR LOCATION Overland	COUNTY St. Louis	STATE Missouri
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21. I attended the deceased from _____ to _____ and last saw her alive on _____
Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Raymond H. Kain (Degree or title) Coroner	22b. ADDRESS Clayton, Mo.	22c. DATE SIGNED 5/20/59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 5-18-59	23c. NAME OF CEMETERY OR CREMATORY MEMORIAL PARK	23d. LOCATION (City, town, or county) (State) ST LOUIS CO MO
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24. FUNERAL DIRECTOR Carl Hillman	ADDRESS Deland 10 Mo	25. DATE RECD. BY LOCAL REG. 5-16-59	26. REGISTRAR'S SIGNATURE J. B. Murphy M.D.
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

0 56

Vertical text on the left margin, partially obscured.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was
by me, or by Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Carl Hellen*.....

Licensed Embalmer No. *350*.....

P. O. Address *McLoud*.....

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.