

# FEDERAL BUREAU OF INVESTIGATION - STANDARD CERTIFICATE OF DEATH

# 59-042103

## FILED VS DEC 11 1959

## 211077

STATE FILE NUMBER

ENDED

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar's No. \_\_\_\_\_

<b>1. PLACE OF DEATH</b> a. COUNTY				<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis</b>		Length of stay in 1b		c. CITY OR TOWN <b>St. Louis</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>565 Eiler</b>			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>565 Eiler</b>			Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>					
<b>3. NAME OF DECEASED</b> (Type or print) <b>Ferdinand Kohler, Sr.</b>				<b>4. DATE OF DEATH</b> Month <b>November</b> Day <b>29</b> Year <b>1959</b>									
<b>5. SEX</b> <b>male</b>		<b>6. COLOR OR RACE</b> <b>white</b>		<b>7. Married</b> <input checked="" type="checkbox"/> <b>Never Married</b> <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		<b>8. DATE OF BIRTH</b> <b>8/6/1881</b>		<b>9. AGE (last birthday)</b> <b>78</b>		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR Hours Min.	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>retired</b>				<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>merchant</b>		<b>11. BIRTHPLACE</b> (City and state or country) <b>Jefferson Co., Mo.</b>			<b>12. CITIZEN OF WHAT COUNTRY</b> <b>USA</b>				
<b>13a. FATHER'S NAME</b> <b>William Kohler</b>				<b>13b. MOTHER'S MAIDEN NAME</b> <b>Theresa Humpel</b>				<b>14. NAME OF HUSBAND OR WIFE</b> <b>Anna</b>					
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>				<b>16. SOCIAL SECURITY NO.</b> <b>499-36-9627</b>		<b>17. INFORMANT</b> Address <b>Anna Kohler 565 Eiler</b>							
<b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary Occlusion</b>										INTERVAL BETWEEN ONSET AND DEATH <b>1 Hour</b>			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <b>4201</b>													
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Diabetes Mellitus.</b>								PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					
<b>19. WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<b>20a. ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/>		<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.)									
<b>20c. TIME OF INJURY</b> Hour _____ a.m. _____ p.m.		Month, Day, Year											
<b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>20f. CITY, TOWN, OR LOCATION</b>		COUNTY		STATE					
<b>21. I attended the deceased from</b> <b>1952</b> to <b>11/29/59</b> and last saw <sup>her</sup> him alive on <b>11/20/59</b> Death occurred at <b>7</b> <b>AM</b> on the date stated above, and to the best of my knowledge, from the causes stated.													
<b>22a. SIGNATURE</b> (Degree or title) <b>Rgt Schmieser MD.</b>					<b>22b. ADDRESS</b> <b>6817 Gravois</b>				<b>22c. DATE SIGNED</b> <b>11/30/59</b>				
<b>23a. BURIAL, CREMATION, REMOVAL (Specify)</b> <b>removal</b>		<b>23b. DATE</b> <b>12/2/1959</b>		<b>23c. NAME OF CEMETERY OR CREMATORY</b> <b>St. Lucas Cemetery</b>			<b>23d. LOCATION</b> (City, town, or county) (State) <b>Sappington, Mo.</b>						
<b>24. FUNERAL DIRECTOR</b> ADDRESS <b>John L Ziegenhein &amp; Sons 7027 Gravois</b>					<b>25. DATE RECD. BY LOCAL REG.</b> <b>NOV 30 1959</b>			<b>26. REGISTRAR'S SIGNATURE</b> <b>Loed Smith. M.D.</b> <b>MJB</b>					

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**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 Donald B. Benis

Licensed Embalmer No. 4863

P. O. Address St. Louis, Mo.

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.