URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-60-024676

FILED VS JUL 15 1960

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6501 STATE FILE NUMBER

ENDED

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 — Length of stay in 1b

c. CITY OR TOWN St. Louis — Inside Limits Yes ☑ No ☐

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Hamilton Nursing Home — Inside Limits Yes ☑ No ☐

d. STREET ADDRESS (If outside, give location) 2113 S. Jefferson — Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print) First Ann Middle C. Last Kohly

4. DATE OF DEATH Month June Day 25, Year 1960

5. SEX Female

6. COLOR OR RACE White

7. Married ☐ Never Married ☐ Widowed ☑ Divorced ☐

8. DATE OF BIRTH Aug. 24, 1894

9. AGE (last birthday) 65 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Stock Room

10b. KIND OF BUSINESS OR INDUSTRY Stix Bear & Fuller

11. BIRTHPLACE (City and state or country) St. Louis, Mo.

12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME William G. Linze

13b. MOTHER'S MAIDEN NAME Henrietta Bodeman

14. NAME OF HUSBAND OR WIFE Paul H. Kohly

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 494-06-3082

17. INFORMANT Henry J. Kohly Address 2317 Patton Brentwood 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) Carcinomatosis

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

DUE TO (b) Carcinoma of Sigmoid Colon

DUE TO (c) 153.3

INTERVAL BETWEEN ONSET AND DEATH: Months

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

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☑ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

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.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 6/2/60 to 6/25/60 and last saw her/him alive on 6/25/60

Death occurred at 2:45 pm on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Aaron Hendin MD

22b. ADDRESS 1410 So 17th St

22c. DATE SIGNED 6/27/60

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal

23b. DATE June 29, 1960

23c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park

23d. LOCATION (City, town, or county) (State) St. Louis, Co. Mo.

24. FUNERAL DIRECTOR Witt Bros. L. & U. Co. ADDRESS 2929 S. Jefferson Av

25. DATE RECD. BY LOCAL REG. JUN 27 1960

26. REGISTRAR'S SIGNATURE Earl Smith M.D. MJB

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

BY AFFIDAVIT OF DOCUMENT

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Harry E. Monroe

Signature of Student Embalmer

Licensed Embalmer No. 4497

P. O. Address St. Louis, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com 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.