

# RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-032477

FILED VS SEP 2 1960 318

Primary Registration District No. 1003

Registrar's No. 8375

STATE FILE NUMBER

<b>1. PLACE OF DEATH</b> a. COUNTY  b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis</b> Length of stay in 1b <b>9 yrs.</b> c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Geitner Home</b> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY  c. CITY OR TOWN <b>St. Louis</b> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) <b>5000 S. Broadway</b> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>			
<b>3. NAME OF DECEASED</b> (Type or print) First <b>Adele</b> Middle <b>H.</b> Last <b>Kohr</b>			<b>4. DATE OF DEATH</b> Month <b>August</b> Day <b>24</b> Year <b>1960</b>				
<b>5. SEX</b> Female	<b>6. COLOR OR RACE</b> White	<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> May 24, 1879	<b>9. AGE</b> (last birthday) <b>81</b> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HR: Hours _____ Min. _____			
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) at Home		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> Housewife		<b>11. BIRTHPLACE</b> (City and state or country) <b>St. Louis Mo.</b>			
<b>13a. FATHER'S NAME</b> Jacob Stumpf		<b>13b. MOTHER'S MAIDEN NAME</b> Caroline Neun		<b>14. NAME OF HUSBAND OR WIFE</b> Oliver Kohr (Deceased)			
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) no		<b>16. SOCIAL SECURITY NO.</b> None		<b>17. INFORMANT</b> Frank Neun 5000 S Broadway			
<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>Debility</b> DUE TO (b) <b>Generalized Atherosclerosis</b> DUE TO (c) <b>Carcinoma of Cervix with metastasis</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					INTERVAL BETWEEN ONSET AND DEATH 1 yr. 6 yrs. 6 yrs.		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>171X</b>					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" 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> <u>1-15-59</u> to <u>8-24-60</u> and last saw her <sup>him</sup> alive on <u>8-18-60</u> Death occurred at <u>4</u> <u>p.</u> on the date stated above, and to the best of my knowledge, from the causes stated.							
<b>22a. SIGNATURE</b> (Degree or title) Ruppopp, Jr MD.			<b>22b. ADDRESS</b> 3700 Washington		<b>22c. DATE SIGNED</b> 8-25-60		
<b>23a. BURIAL, CREMATION, REMOVAL (Specify)</b> Burial		<b>23b. DATE</b>		<b>23c. NAME OF CEMETERY OR CREMATORY</b> St. Matthews Cemetery			
<b>23d. LOCATION</b> (City, town, or county) <b>St. Louis Mo.</b>			(State)				
<b>24. FUNERAL DIRECTOR</b> John L. Ziegenhein & Sons 7027 Gravois			<b>25. DATE RECD. BY LOCAL REG.</b> AUG 26 1960		<b>26. REGISTRAR'S SIGNATURE</b> Road Smith, M.D.		

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  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Donald Bing

Licensed Embalmer No. 9480

P. O. Address St Louis

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