

COURT DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

AMENDED

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **3351** STATE FILE NUMBER **-61-011125**

FILED APR 14 1961

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St Louis					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST LOUIS		Length of stay in 1b 1 DAY		c. CITY OR TOWN MATTESE		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION ST ANTHONY Hospital				d. STREET ADDRESS 4727 BASLER LA		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First GARY Middle EDWARD Last KOCHNER			4. DATE OF DEATH Month APRIL Day 8 Year 1961						
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1-19-1957	9. AGE (last birthday) 4	IF UNDER 1 YEAR Months 2 Days 20	IF UNDER 24 HR Hours 3 Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) ST LOUIS, Mo		12. CITIZEN OF WHAT COUNTRY U.S.A.		
13a. FATHER'S NAME EDWARD KOCHNER			13b. MOTHER'S MAIDEN NAME DOROTHY BASLER			14. NAME OF HUSBAND OR WIFE			
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. NONE		17. INFORMANT EDWARD KOCHNER			Address 4727 BASLER LA ST LOUIS 26 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) Meningitis Type undet. as yet DUE TO (b) _____ DUE TO (c) _____ 340.3 INTERVAL BETWEEN ONSET AND DEATH 3 days									
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						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			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 4-5-61 to 4-8-61 and last saw ^{her} him alive on 4-8-61 Death occurred at 12:50 A m on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE Erwin D. Cecelins M.D. (Degree or title)				22b. ADDRESS 752 Leucy Ferry Rd			22c. DATE SIGNED 4-8-61		
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		23b. DATE Apr-10-1961	23c. NAME OF CEMETERY OR CREMATORY Assumption Cem		23d. LOCATION (City, town, or county) MATTESE Mo		(State)		
24. FUNERAL DIRECTOR FEV FUNERAL HOME MEHLVILLE Mo				25. DATE RECD. BY LOCAL REG. APR 9 1961		26. REGISTRAR'S SIGNATURE Earl Smith, M.D.			

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

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

Justin W. Fichter

Licensed Embalmer No. *4329*

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.