

SOURT DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH -61-011129

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **2807** STATE FILE NUMBER

AMENDED

FILED IN DEATH 1961
 COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE **Missouri** COUNTY
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **St. Louis,** Length of stay in 1b **71**
 c. CITY OR TOWN **St. Louis** Inside Limits Yes No
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **D.O.A. City Hosp.** Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) **1413a R. Salisbury** Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First **WALTER** Middle **B.** Last **KOHRING** 4. DATE OF DEATH Month **March** Day **23,** Year **1961**

5. SEX **Male** 6. COLOR OR RACE **White** 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH **11-24-89** 9. AGE (last birthday) **71 yrs.** 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) **Ret. brick layer** 10b. KIND OF BUSINESS OR INDUSTRY **Construction** 11. BIRTHPLACE (City and state or country) **St. Louis, Missouri** 12. CITIZEN OF WHAT COUNTRY **U.S.A.**

13a. FATHER'S NAME **John Kohring,** 13b. MOTHER'S MAIDEN NAME **Leona Kohring** 14. NAME OF HUSBAND OR WIFE **Leona Kohring**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) **Yes World War I** 17. INFORMANT **Mrs. Leona Kohring, 1413a Salisbury** Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) **Carcinoma of Prostate**
 DUE TO (b) **Generalized Arteriosclerosis.**
 DUE TO (c) **177 X**
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

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. 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 _____ to _____ and last saw her/him alive on _____
 Death occurred at **9:00 P.** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **Patrick E Taylor Coroner** 22b. ADDRESS **1300 Clark** 22c. DATE SIGNED **3-24-61**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 23b. DATE **Mar. 27, 1961** 23c. NAME OF CEMETERY OR CREMATORY **National Cemetery** 23d. LOCATION (City, town, or county) (State) **Jefferson Barracks, Missouri**

24. FUNERAL DIRECTOR **Stock Mortuaries, 2117 E. Grand** ADDRESS 25. DATE RECD. BY LOCAL REG. **MAR 24 1961** 26. REGISTRAR'S SIGNATURE **Loard Smith, M.D.**

DATE AMENDED

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

Paul A. Wachtel

Licensed Embalmer No. 4787

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.