SSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

AMENDED

FILED JUN 1 6 1961 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5329 STATE FILE NUMBER =61=022802

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | BY AFFIDAVIT OF | DOCUMENT

1. PLACE OF DEATH
a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis — Length of stay in 1b 10 yrs

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

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY

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

d. STREET ADDRESS (If outside, give location) 4359 Taft Avenue — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First MARY Middle Last KOEHLI also known as Marie Kohli

4. DATE OF DEATH Month Day Year June 6, 1961

5. SEX female

6. COLOR OR RACE white

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH 5/8/1862

9. AGE (last birthday) 99 — 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) semi-invalid

10b. KIND OF BUSINESS OR INDUSTRY ---

11. BIRTHPLACE (City and state or country) Bonn, Switzerland

12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME John Torgler

13b. MOTHER'S MAIDEN NAME unknown

14. NAME OF HUSBAND OR WIFE Jacob Koehli, Sr.

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. - - - -

17. INFORMANT Address Mrs. Etta Torgler, 1217 Wilmington Avenue

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY: — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (a) Generalized Sclerosis Hg

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

DUE TO (c) 450.0

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 March 15/61 to and last saw her alive on 6/4/61

Death occurred at 6:45 A. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Wa Rohlfing [illegible]

22b. ADDRESS 4724 Gravois

22c. DATE SIGNED 6/6/61

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

23b. DATE June 8, 1961

23c. NAME OF CEMETERY OR CREMATORY Missouri Crematory

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

24. FUNERAL DIRECTOR ADDRESS BEIDERWIEDEN F.H.INC., 1936 St.Louis Avenue

25. DATE RECD. BY LOCAL REG. JUN 8 1961

26. REGISTRAR'S SIGNATURE Carl Smith, M.D.

Dr. Walter Rohlfing
4724 Gravois Ave.
6:30 PM to 8 PM

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 Homer H. Jintz

Licensed Embalmer No. 3882

P. O. Address St. Louis

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.

Kuehli