MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

62-013551
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

Registration District No. 347 Primary Registration District No. 541 Registrar's No. 904

FILED MAR 27 1962

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clayton — Length of stay in 1b: W R S.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis County Hospital — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY St. Louis
c. CITY OR TOWN Ferguson — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 214 Barto Dr. — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Nora Middle Last Kohler

4. DATE OF DEATH Month March Day 16 Year 1962

5. SEX Female
6. COLOR OR RACE White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 3/24/14
9. AGE (last birthday) 47
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) Housewife
10b. KIND OF BUSINESS OR INDUSTRY at Home
11. BIRTHPLACE (City and state or country) Bay, Missouri
12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Benjamin Crawford
13b. MOTHER'S MAIDEN NAME Margaret Ellis
14. NAME OF HUSBAND OR WIFE Thomas V. Kohler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO.
17. INFORMANT Thomas V. Kohler Address 214 Barto Dr. (35)

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for PART I.) DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Massive pulmonary tuberculosis — INTERVAL BETWEEN ONSET AND DEATH ?
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) ____ DUE TO (c) ____

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

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 2-19-62, to 3-16-62 and last saw her/him alive on 3-16-62.
Death occurred at 9:20 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Albert L. Howe (Degree or title) MD
22b. ADDRESS 601 S Brentwood, Clayton, Mo
22c. DATE SIGNED 3/16/62

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 3/19/62
23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery
23d. LOCATION (City, town, or county) St. Louis County, Mo. State

24. FUNERAL DIRECTOR White-Mullen Mort. ADDRESS Ferguson Mo.
25. DATE RECD. BY LOCAL REG. 3-18-62
26. REGISTRAR'S SIGNATURE John G. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED	BY AFFIDAVIT OF DOCUMENT
14002				
24009				
3				
4 1				
5 1				
6				
7 0				
8 1				
9002.1				
10				
11				
1245-0				
13				

USE BLACK INK OR TYPEWRITER RIBBON

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_____ Signed_____
Signature of Student Embalmer

Licensed Embalmer No._____

P. O. Address_____

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.