

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-013553
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 317 Primary Registration District No. 544 Registrar's No. 1057

FILED APR 6 1962

VS 300
Rev. 4/59

1 4003
2 4003
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <u>St. Louis</u>		a. STATE <u>Mo.</u>	b. COUNTY <u>St. Louis</u>
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kirkwood</u>		c. CITY OR TOWN <u>Kirkwood</u>	
Length of stay in lb <u>DOA</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Joseph Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>1007 Plaza Terrace</u>	
3. NAME OF DECEASED (Type or print)		4. DATE OF DEATH	
First <u>ROBERT</u> Middle <u>I</u> Last <u>KOHN, Jr.</u>		Month <u>March</u> Day <u>31</u> Year <u>1962</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>11/24/52</u>
9. AGE (last birthday) <u>9</u>		IF UNDER 1 YEAR IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Student</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Kirkwood School</u>	11. BIRTHPLACE (City and state or country) <u>Huron, S. Dak.</u>
12. CITIZEN OF WHAT COUNTRY <u>USA</u>		13. FATHER'S NAME <u>Robert J. Kohn</u>	
14. MOTHER'S MAIDEN NAME <u>Kathleen Nelson</u>		15. NAME OF HUSBAND OR WIFE <u>Single</u>	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		17. SOCIAL SECURITY NO. <u>None</u>	
18. INFORMANT <u>Robert J. Kohn, 1007 Plaza Terrace, Kirkwood, Mo.</u>		19. ADDRESS <u>1007 Plaza Terrace, Kirkwood, Mo.</u>	
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 <u>~ 8 HRS.</u>
IMMEDIATE CAUSE (a) <u>CARDIAC FAILURE</u>			
DUE TO (b) <u>SUBENDOCARDIAL FIBROELASTOSIS</u>			
DUE TO (c) _____			
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 checked="" type="checkbox"/> NO <input 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 _____ 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 <u>3/28/62</u> to <u>3/31/62</u> and last saw ^{her} him alive on <u>3/31/62</u>			
Death occurred at <u>5:23</u> P on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Nancy S. Plnock, MD</u>		22b. ADDRESS <u>135 W. ADAMS - KIRKWOOD-22</u>	22c. DATE SIGNED <u>4/2/62</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>4/3/62</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Rosehill Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Spearfish, S. Dak.</u>
24. FUNERAL DIRECTOR ADDRESS <u>Louis H. Bopp, Inc., Kirkwood, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>4-2-62</u>	26. REGISTRAR'S SIGNATURE <u>John C. Munfley M.D.</u>

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 _____
Signature of Student Embalmer

Signed Francis J. Wyland Jr.

Licensed Embalmer No. 4512

P. O. Address Highwood, 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.