

REC'D OCT 12 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

30827

Do not use this space.

1. PLACE OF DEATH

(a) County.....
 (b) Township.....
 (c) City St. Louis

Registration District No. 791
 Primary Registration District No. 1008

Registered No. 8264

(d) Street No. Desloge Hospital St. St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Frank J. Koerdt
 (a) Residence, No. 5254 Waterman Ave. St. 12
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED
 HUSBAND OF Clara Koerdt
 (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 5, 1874

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
64 2 15/3

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Commision
 9. Industry or business in which work was done, as saw mill, bank, etc. Business
 10. Date deceased last worked at this occupation (month and year).....
 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

13. NAME Joseph Koerdt

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Clara Koerdt
5254 Waterman

18. BURIAL, CREMATION, OR REMOVAL PLACE Sunset DATE 9-21 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Kriegshauser Mortuar
4223 So. King highway

20. FILED 19.....
J. P. Rudick Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-18 1938

22. I HEREBY CERTIFY, that I attended deceased from Sept 14 1938, to Sept 18 1938.

I last saw him alive on Sept 18 1938. Death is said to have occurred on the date stated above, at 10:30 P.M.

The principal cause of death and related causes of importance were as follows:
 Date of onset

Arterio-sclerotic Heart Disease
Auricular Fibrillation
Broncho-Pneumonia

Other contributory causes of importance:

Chr. Arterio-sclerosis

Name of operation..... Date of.....
 What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide?..... Date of injury....., 19.....
 Where did injury occur?..... (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....
 If so, specify Robert G. Farrell M. D.
 (Signed) 624 N. Union
 (Address)

SEP 20 1938

(Licensed Embalmer's Statement on Reverse Side)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Dr. Robert Farrell
Union & Delmar 624 N. Williams

1-23

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

Registered Apprentice No., working under my personal supervision.

Signed *Reinhold K. Lehmann*

Licensed Embalmer No. *3395*

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 this body is not embalmed, above space should be left blank.