

25 1939

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

26814

State File No. \_\_\_\_\_

Registrar's No. 1340

DEAD AUG 7 1939  
Registration District No. 209

Primary Registration District No. 109

1. PLACE OF DEATH: 3  
(a) County St. Louis  
(b) City or town Maplewood  
(c) Name of hospital or institution: Maplewood Nursing Home  
(If not in hospital or institution, write street number or location).  
(d) Length of stay: In hospital or institution 67 yrs. (Specify whether years, months or days)  
In this community \_\_\_\_\_

3. (a) PRINT FULL NAME William A. Koetter 360  
3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced Wid.  
6. (b) Name of husband or wife Catherine Koetter 6. (c) Age of husband or wife if alive Dead years  
7. Birth date of deceased Oct. 4th. 1871  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>67</u>	<u>9</u>	<u>20</u>	hr. min.

9. Birthplace St. Louis No.  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Furniture Finisher

11. Industry or business \_\_\_\_\_

FATHER { 12. Name Dont Know-Koetter  
13. Birthplace Germany  
(City, town, or county) (State or foreign country)  
MOTHER { 14. Maiden name Anna Kampmeyer  
15. Birthplace Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Viola Becker  
(b) Address 6312 Lucille Ave

17. (a) Burial (b) Date thereof 7-26th. 39  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Briedens Cemetery

18. (a) Signature of funeral director Frank H. Co  
(b) Address 3710 N. Grand Blvd.

19. (a) JUL 25 1939 (b) J. R. Myers  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County St. Louis  
(c) City or town Maplewood  
(If outside city or town limits, write "RURAL")  
(d) Street No. 6312 Lucille Ave.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month July day 24  
year 1939 hour 12.15 minute A. M.

21. I hereby certify that I attended the deceased from June 20th, 1939, to July 23, 1939;  
that I last saw him alive on July 23, 1939;  
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Phthisis Duration \_\_\_\_\_

Due to Latent Tuberculous Focus  
Due to \_\_\_\_\_

Other conditions 23  
(Includes pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) No  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Dr. Theo. J. Riel (M. D. or other) \_\_\_\_\_  
Address 745 Hazel, Maplewood, Mo. Date signed 7/25/39

J. F. Rial  
7465 Hazel ave  
U-12

**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 Robert L. Bunkman

Licensed Embalmer No. 3553

P. O. Address 3710 N. Grand

**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.**