DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 27200

Registration District No. 791

Primary Registration District No.

Registrar's No. 6700

1003

SEP 14 1939

**1. PLACE OF DEATH:**

(a) County 9

(b) City or town St. Louis.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2220 A. MIAMI ST.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County 1

(c) City or town St. Louis. 24
(If outside city or town limits, write "RURAL")

(d) Street No. 2220 A. MIAMI ST
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years

3. (a) PRINT FULL NAME Herman Koehler 460

3. (b) If veteran, name war

3. (c) Social Security No. 492-01-5325

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Widower

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased March 17 1876 (Month) (Day) (Year)

8. AGE: 63 Years | Months 4 | Days 14 | If less than one day hr. min.

9. Birthplace St. Louis. (City, town, or county) Mo. (State or foreign country)

10. Usual occupation Elevator Construction

11. Industry or business

FATHER
12. Name Herman Koehler
13. Birthplace Holland (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Cecelia Cooke
15. Birthplace New York (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Herman Koehler Jr.
(b) Address 5656 Morgonford

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 3/39 (Month) (Day) (Year)
(c) Place: burial or cremation St Trinity Cem.

18. (a) Signature of funeral director Thos Curtis
(b) Address 2906 Gravois Ave.

19. (a) AUG 1 1939 (Date received by local registrar) (b) J. B. Broderick (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month July day 31 year 1939 hour 8 30 A Minute M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Sclerosis
Arteriosclerosis

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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)
(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? 4
(Specify type of place)
While at work (e) Means of injury

23. Signature Alfred G. Terry (M. D. or other)
Address Deputy Coroner Date signed 8/1/39

(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.

## 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 Leo Budde, Registered Apprentice No. ..... working under my personal supervision.

Signed Leo Budde

Licensed Embalmer No. 3989

P. O. Address St. Louis, M

**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.**