

APR 23 1940

Registration District No. 773

Primary Registration District No. 6018A

Registrar's No. 57

1. PLACE OF DEATH:

(a) County St. Francois

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

(c) Name of hospital or institution: no
(If not in hospital or institution, write street number or location) 2

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community 60 years
years, months or days

3. (a) PRINT FULL NAME William Koerber

8. (b) If veteran, name war 8. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Elizabeth Beck Koerber 6. (c) Age of husband or wife if alive dead years _____

7. Birth date of deceased Mar. 25 1879
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

80 11 20 _____ hr. _____ min.

9. Birthplace Hanover, Germany
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER

12. Name Edward Koerber

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Johanna Beck
(City, town, or county) (State or foreign country)

15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Otto Jaspersen

(b) Address R. 1 Farmington, Mo.

17. (a) Burial (b) Date thereof 3/8/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kopf Cemetery

18. (a) Signature of funeral director Robert Lind

(b) Address Farmington, Mo. 190A

19. (a) Mar 17-40 (b) B. B. Robinson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois

(c) City or town Rural St. Francois Twp
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) If foreign born, how long in U. S. A.? 60 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 16 day March
year 1940 hour 10 minute 2 M.

21. I hereby certify that I attended the deceased from Nov 15 1939
to March 16 1940
that I last saw him alive on March 14 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia Duration 4 days

Due to _____

Due to _____

Other conditions arteriosclerosis, nephritis and senility

(Include pregnancy within 3 months of death)

Major findings: _____ PHYSICIAN _____

Of operations _____

Of autopsy none

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? _____

While at work? _____ (Specify type of place)

(b) Means of injury _____

23. Signature L. M. Hayfield (M. D. or other) _____

Address Farmington Date signed 3/16/40

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 me

working under my personal supervision. _____ Registered Apprentice No. _____

Iron Weidert and Co

Signed C. J. Lloyd

Licensed Embalmer No. 3527

P. O. Address Farmington N

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.