

STANDARD CERTIFICATE OF DEATH

Registration District No. **791**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Anthony
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 weeks
In this community life
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Gustave Koerner

3. (b) If veteran, name war _____ 3. (c) Social Security No. 491-16-9928

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Emma 6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased September 24 1861
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
79 0 25 hr. _____ min.

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

10. Usual occupation Manufacturer

11. Industry or business Refrigerators

12. Name William Koerner

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

14. Maiden name Tritterback

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

16. (a) Informant Gustave E. Koerner

(b) Address 3674 Loughborough

17. (a) Burial (b) Date thereof Oct. 22, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial

18. (a) Signature of funeral director Wm. L. Gieseler

(b) Address 3027 Gravois Ave.

19. (a) OCT 22 1940 (b) J. F. Berwick
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3674 Loughborough
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 19
year 1940 hour 9 minute 30 A.M.

21. I hereby certify that I attended the deceased from Aug 9
1940, 1940 to Oct 19, 1940
that I last saw him alive on Oct 19, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral embolism
from embolus
Due to embolus

Other conditions Bladder stone
(Include pregnancy within 3 months of death)
Hypertrophy

Major findings: Several stones removed
kidney
arteriosclerosis
Of atherosclerosis _____

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? _____

While at work? _____ (Specify type of place)
(c) Means of injury _____
23. Signature W. L. Moore (M. D. or other) _____
Address 774 Pine Bluff Date signed 10/27/40

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

NOV 16 1940

OCT 16 1942

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.....

Licensed Embalmer No.....

P. O. Address.....

C. P. Kidwell
3877
7027 Gravois

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.