

No. 2
-10-39
7-39
X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH 1003

State File No. 34224

Registration District 791 Primary Registration District No. Registrar's No. 8921

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:
2838 Missouri Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 20
(Specify whether _____)
In this community Life
years, months or days

3. (a) PRINT FULL NAME Jacob Koterba
(b) If veteran, name war ---- (c) Social Security No. 702-14-6136

4. Sex Male race White 5. Color or race _____
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Minnie Koterba 6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased September 13, 1877
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
63 1 16 hr. _____ min.

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

10. Usual occupation Mo. Pacific R. R. Laborer

11. Industry or business 0
MOTHER FATHER { 12. Name Unknown 9
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name Unknown 7
15. Birthplace Unknown 7
(City, town, or county) (State or foreign country)

16. (a) Informant Minnie Koterba
(b) Address 2838 Missouri Ave.

17. (a) Burial (b) Date thereof 10/31/40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation N. St. Marcus

18. (a) Signature of funeral director Wacker-Helderk
(b) Address 2331 S. Broadway

19. (a) OCT 30 1940 (b) J. H. Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County _____
(c) City or town St. Louis 34
(If outside city or town limits, write "RURAL.")
(d) Street No. 2838 Missouri
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 29
year 1940 hour 4 minute 8 A. M.

21. I hereby certify that I attended the deceased from 6-4
1940 to 10-29 1940
that I last saw him alive on 10-28 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial infarction
Myocardial infarction
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____
Of autopsy _____
PHYSICIAN _____

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) (e) Means of injury _____

23. Signature J. H. Bredeck (M.D. or other) _____
Address 2844 S. 10th St. Date signed 10/29/40

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

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. *2645*

P. O. Address. *St. Louis, Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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