

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

36316

State File No. _____

Registration District No. 984

Primary Registration District No. 200

Registrar's No. 1950

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Gardenville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
5018 Lakewood Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2
(Specify whether
In this community Life
years, months or days)

3. (a) PRINT FULL NAME Carol Kay Koerner

3. (b) If veteran, name war ----- 3. (c) Social Security No. -----

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

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

7. Birth date of deceased July 20, 1940
(Month) (Day) (Year)

8. AGE: Years -- Months 2 Days 23 If less than one day hr. ----- min. -----

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

10. Usual occupation Nil

11. Industry or business -----

12. Name Harry Koerner

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

14. Maiden name Unknown Stamm

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

16. (a) Informant Harry Koerner

(b) Address 5018 Lakewood Gardenville

17. (a) Burial (b) Date thereof 10/15/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation N. St. Marcus

18. (a) Signature of funeral director Wacker-Helders

(b) Address 2331 S. Broadway

19. (a) OCT 15 1940 (b) R. M. Mader
(Date received local registrar) (Registered signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County -----
(c) City or town Gardenville
(If outside city or town limits, write "RURAL")
(d) Street No. 5018 Lakewood
(If rural, give location)
(e) If foreign born, how long in U. S. A? ----- years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 13
year 1940 hour 11 minute 30p. M.

21. I hereby certify that I attended the deceased from 9/22/40
1940 to 10/13 1940
that I last saw her alive on 10/12 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral embolus Duration Minutes

Due to Cardiac disease

Due to Congenital

Other conditions substitution
(Include pregnancy within 3 months of death)

Major findings: Of operations 157.C

Of autopsy -----

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?
(Specify type of place)

While at work? (e) Means of injury -----

23. Signature W. H. Riley (M. D. or other)

Address 4660 Maryland Date signed 10/14/40

(Licensed Embalmers' Statement on Reverse Side)

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 with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.