

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

FILED AUG 26 1941 **791**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County St. Louis,
(b) City or town St. Louis,
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4910 West Pine,
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community..... 1 (Specify whether
years, months or days)

3. (a) PRINT FULL NAME JULIUS H. KOEHLER.

3. (b) If veteran, name war none. 3. (c) Social Security No. 493-07-5504

4. Sex male 5. Color or race White 6. (a) Single, widowed, married, divorced Divorced
(b) Name of husband or wife Alma Fortner Koehler. 6. (c) Age of husband or wife if alive Decd. years
7. Birth date of deceased March - 19 - 1872.
(Month) (Day) (Year)

8. AGE: Years 69, Months 3, Days 16. If less than one day
hr. min.

9. Birthplace Davenport, Iowa.
(City, town, or county) (State or foreign country)

10. Usual occupation Retired - Purchasing Dept

11. Industry or business Union Electric Co.

12. Name Casper Koehler.

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

14. Maiden name Josephine Junge.

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

16. (a) Informant Carl Koehler.

(b) Address #12 - Upper Ladue Rd.

17. (a) BURIAL (b) Date thereof 7/7/41.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cem.

18. (a) Signature of funeral director C.P. Upton & Sons.

(b) Address #7233 Delmar Blvd.

19. (a) JUL 7 1941 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis,
(If outside city or town limits, write "RURAL")
(d) Street No. #4910 West Pine Blvd. 12
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day July
year 1941 hour 2 minute 0 M.

21. I hereby certify that I attended the deceased from July 5 1935 to July 5 1941
that I last saw h. in alive on month 7 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Degenerative Heart disease 6 yrs. Duration
arterio sclerosis 6 yrs.

Due to arterio sclerosis 6 yrs.

Due to

Other conditions hypertension 6 yrs
(Include pregnancy within 3 months of death)

Major findings: Of operations none PHYSICIAN

Of autopsy — 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?

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

23. Signature [Signature] (M. D. or other) M.D.

Address 3720 W. Washington Date signed 7-5-41

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.....

Clarence H. Murray

Licensed Embalmer No. *4011*

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, fact should be so stated above.