

S. No. 2
-1-4-41
5-17-39
P. 1 X25390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

23493

State File No. _____

Registrar's No. 5845

Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Lukes Hospital
(If not in hospital or institution, write Street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ years, months or days) 0

3. (a) PRINT FULL NAME Herman Koehler
3. (b) If veteran, name war Nil 3. (c) Social Security No. Nil

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased April 19, 1853
(Month) (Day) (Year)

8. AGE: Years 88 Months 2 Days 26 If less than one day _____ hr. _____ min.

9. Birthplace Germany (City, town, or county) (State or foreign country) 4

10. Usual occupation Nil

11. Industry or business _____

MOTHER FATHER { 12. Name Unknown
13. Birthplace Germany (City, town, or county) (State or foreign country) 4
14. Maiden name Unknown
15. Birthplace Germany (City, town, or county) (State or foreign country) 4

16. (a) Informant Herbert R. Kohler
(b) Address 1132 Bellerive

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 7/17/41 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Crematory

18. (a) Signature of funeral director Edith E. Ambruster
(b) Address 4234 Manchester

19. (a) JUL 18 1941 (Date received local registrar) (b) J. N. Brudek (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") 12⁹
(d) Street No. 1109 Walton (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____ 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 15 year 1941 hour 8 minute 20 A.M.

21. I hereby certify that I attended the deceased from June 26, 1941, to July 15, 1941; that I last saw him alive on July 14 and that death occurred on the date and hour stated above.

Immediate cause of death Acute lymphatic leucemia few weeks Duration _____

Due to (?)
Due to 7/15

Other conditions gen. arterio sclerosis - non tuberculous
(Include pregnancy within 3 months of death) old pleurisy - left lung

Major findings: non specific
Of autopsy aneurysm 1st part aorta
cholelithiasis - pleurisy old 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) (e) Means of injury _____

23. Signature Walter Fisher (M. D. number) P
Address 3720 Washington Date signed 7-18-41

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.....

Thomas Eynck

Licensed Embalmer No.....

1284

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.