

No. 2
4-13-40
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF PUBLIC HEALTH

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH
791 1003

State File No. 30063
Registrar's No. 7402

Registration District No. _____

Primary Registration District No. _____

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: Alexian Brothers Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 Weeks
In this community _____
years, months or days

3. (a) PRINT FULL NAME Arthur E. Koethe

3. (b) If veteran, name war _____
3. (c) Social Security No. 488-01-6612

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

6. (b) Name of husband or wife Corinne O'Donnell Koethe
6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased: January 3 1888
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>53</u>	<u>8</u>	<u>8</u>	hr. _____ min.

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

10. Usual occupation: Traffic Manager

11. Industry or business _____

MOTHER FATHER

12. Name: Wm. Koethe

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

14. Maiden name: Louisa Bierbrauer

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

16. (a) Informant: Corinne Koethe
(b) Address: 2630 Osage

17. (c) New St. Marcus (b) Date thereof: 9-15-41
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director: John K. Ziegenhain
(b) Address: 7027 Gravois Ave.

19. SEP 13 1941 (b) J. Bruck
(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. 2630 Osage
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 11
year 1941 hour 12 minute 05 P.M.

21. I hereby certify that I attended the deceased from August 12 to Sept 11, 1941
that I last saw him alive on Sept 11, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Thrombosis

Due to _____
Due to _____

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations: _____
Of autopsy: _____

Duration 26 days
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)
(a) Manner of injury: _____

23. Signature: W. H. Miller (M. D. or other) _____
Address: 8715 So. Grand Ave. Date signed: 9/17/41

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.....

Licensed Embalmer No.....

P.O. Address.....

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.