

FILED FEB 24 1942 791

STANDARD CERTIFICATE OF DEATH
1003

State File No. 503 35
Registrar's No.

Registration District No. Primary Registration District No.

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: 4850 Sacramento Ave.
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4850 Sacramento Ave.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Francis X. Koehl

3. (b) If veteran, name war No 3. (c) Social Security No. None

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

6. (b) Name of husband or wife Emma Braun Koehl 6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased May 5 1862
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>79</u>	<u>7</u>	<u>26</u>	hr. min.

9. Birthplace Marine Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Machinist Transportation

11. Industry or business Koehl

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

14. Maiden name Catherine Hoffman
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Emma Koehl
(b) Address 4850 Sacramento Ave.

17. (a) Burial (b) Date thereof. 1-5-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery
Stroot-Carroll

18. (a) Signature of funeral director _____
(b) Address 4600 Natural Bridge Ave.

19. (a) JAN 3 1942 (b) J. F. Bredek
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 1
year 1942 hour 3 minute 45 p.m.

21. I hereby certify that I attended the deceased from 12-11-41
19____ to 1-1-42 19____
that I last saw him alive on 1-1-42
and that death occurred on the date and hour stated above.

Immediate cause of death Chr. Myocarditis
Chr. Nephritis
Hypertension
Due to _____
Due to _____

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

Major findings: Of operations _____
Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) None
(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. A. Lunscher M.D.
Address 4885 Natural Bridge Date signed 1-2-42

Duration

Chr.
Chr.
Chr.

PHYSICIAN

Underline the cause to which death should be charged statistically.

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..... Frank H. Street

Licensed Embalmer No. 2265

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.