No. 2
—1-4-41
5-17-39
I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 19738

Registration District No. 791 (FILED JUL 20 1942)

Primary Registration District No. 100

Registrar's No. 5858

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: 3628 French ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community Lifers

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17

(c) City or town St. Louis 91
(If outside city or town limits, write "RURAL")

(d) Street No. 3628 French ave.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME William Julius Koeln

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, married, widowed, divorced Widowed

6. (b) Name of husband or wife Elizabeth Koeln

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

7. Birth date of deceased November (Month) 21 (Day) 1850 (Year)

8. AGE: Years 91 Months 7 Days 18 If less than one day hr. min.

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

10. Usual occupation Nil

11. Industry or business Retired

FATHER
12. Name Christian Koeln
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Caroline Franke
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Wm J Koeln Jr.

(b) Address 3628 French ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 11, 1942 (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olive Cemetery

18. (a) Signature of funeral director C H Armentrout Undertaker

(b) Address 7814 S. Broadway

19. (a) JUL 10 1942 (Date received local registrar) (b) J. F. Bruecke (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 9 year 1942 hour 6 minute 30 a.m.

21. I hereby certify that I attended the deceased from Jan 3 1934 to July 9 1942 that I last saw him alive on July 8 1942 and that death occurred on the date and hour stated above.

Immediate cause of death — Duration

Arteriosclerosis — Unknown

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) Senility 97 — Unknown

Major findings:
Of operations

Of autopsy

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? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature Roy C Ludgpas (M. D. or other)

Address 7702 Bonny Date signed 7/10/42

(Licensed Embalmer's Statement on Reverse Side)

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 Linus C. Hoffmeister

Licensed Embalmer No. 3871

P. O. Address 7814 S Broadway

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.