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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registrar's No. **8722**

Registration District No. **318**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County \_\_\_\_\_

(b) City or town **Saint Louis, Missouri.**

(c) Name of hospital or institution: \_\_\_\_\_  
(If outside city or town limits, write "RURAL" and name of township)

**4643 Cecil Place.**  
(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: 000  
17  
9  
✓

(a) State **Missouri.** (b) County \_\_\_\_\_

(c) City or town **Saint Louis,**  
(If outside city or town limits, write "RURAL")

(d) Street No. **4643 Cecil Place.**  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? **0** years.

3. (a) PRINT FULL NAME **Ruth Arline Koehler,**

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. **None**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October** day **19th,**  
year **1942.** hour **2** minute **30 A. M.**

4. Sex **Female** 5. Color or race **White**

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

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if \_\_\_\_\_

7. Birth date of deceased: **April 6th, 1925**  
(Month) (Day) (Year)

8. AGE: Years **17** Months **6** Days **13** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;

and that death occurred on the date and hour stated above.

9. Birthplace **Saint Louis, Missouri.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Cleveland High School**

Immediate cause of death  
**Diabetes - Hydrocephalus  
Intestinal Obstruction**

Due to **fecal obstruction**

Due to \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name **Arthur Koehler**

13. Birthplace **Saint Louis, Missouri.**  
(City, town, or county) (State or foreign country)

14. Maiden name **Elna Iwig**

15. Birthplace **Saint Louis, Missouri.**  
(City, town, or county) (State or foreign country)

Other conditions **bl.**  
(Include pregnancy within 3 months of death)

Major findings: **57.**  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

16. (a) Informant **Arthur Koehler**

(b) Address **4643 Cecil Place**

17. (a) **Cremation** (b) Date thereof **Oct. 22nd, 42.**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Missouri Crematory**

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

18. (a) Signature of funeral director **Elegenheim Bros.**  
(b) Address **6409 Gravois Ave.**

19. (a) **OCT 21 1942** (b) **J. F. Budek**  
(Date received local registrar) (Registrar's signature)

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: **3**

23. Signature **Walter Perry** (M. D. or other) \_\_\_\_\_  
Address \_\_\_\_\_ Date signed **10/21/42**

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**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.....

*V E Morris*

Licensed Embalmer No. ....

*3360*

P. O. Address.....

*6409 Travis*

**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.**