

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
Registrar's No. 2258

Registration District No. 784

Primary Registration District No. 300

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

1. PLACE OF DEATH:  
(a) County St. Louis  
(b) City or town Rural, Meramec Twpsh.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Babler State Park Rd.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution none (Specify whether  
In this community 60 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo. (b) County St. Louis  
(c) City or town Rural, Meramec Twpsh.  
(If outside city or town limits, write "RURAL")  
(d) Street No. Babler State Park Rd.  
(If rural, give location)  
(e) Citizen of foreign country? no. (Yes or No)  
If yes, name country none

3. (a) PRINT FULL NAME Mary Coehri  
(b) If veteran, name war none  
(c) Social Security No. none

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Oct day 28  
year 1942 hour 5 minute 25 P. M.

4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced Single  
(b) Name of husband or wife none  
(c) Age of husband or wife if alive years  
7. Birth date of deceased: Sept. (Month) 12 (Day) 1870 (Year)

21. I hereby certify that I attended the deceased from Jan. 24  
1941 to Oct. 28 1942  
that I last saw her alive on Oct. 23 1942  
and that death occurred on the date and hour stated above.

8. AGE: Years 72 Months 1 Days 16  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death:  
Carcinoma of stomach  
Due to Malnutrition & Emaciation  
Chronic Nephritis  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

9. Birthplace Germany (City, town, or county) (State or foreign country)  
10. Usual occupation Housework (Retired)  
11. Industry or business At home  
12. Name Valentine Coehri  
13. Birthplace Germany (City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Germany (City, town, or county) (State or foreign country)

Major findings:  
Of operations 46hr  
Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

MOTHER FATHER {  
16. (a) Informant Henry Coehri  
(b) Address Chesterfield, Mo. R #1  
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/31/42 (Month) (Day) (Year)  
Antioch Cem. Monarch, Mo.  
(c) Place: burial or cremation  
18. (a) Signature of funeral director Schrader Funeral Home  
(b) Address Ballwin, Mo.  
19. (a) OCT 30 1942 (Date received local registrar) (b) C. E. McDevaney (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?  
\_\_\_\_\_  
(Specify type of place) (e) Years of injury \_\_\_\_\_  
23. Signature Henry Coehri (M. D. or other) M.D.  
Address Ballwin Mo Date signed 10/29/42

---

---

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 Geo. Schrader

Licensed Embalmer No. 3066

P. O. Address Dellwin, 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.

1938