

FILED MAY 19 1943 18

Registration District No. _____

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town _____
(c) Name of hospital or institution: Christian Hospital
(If not in hospital or institution, write street number and location)
(d) Length of stay: In hospital or institution 3 1/2 days.
In this community 59 years.
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis Jennings, MO.
(If outside city or town limits, write "RURAL")
(d) Street No. 5478 Hamilton Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME Frederick Koetterheinrich Sr.

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

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

6. (b) Name of husband or wife Katherine Koetterheinrich; Nee Jansing (c) Age of husband or wife if alive _____ years

7. Birth date of deceased June 8th, 1865.
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
77 11 2 hr. _____ min.

9. Birthplace Unknown Germany. 4
(City, town, or county) (State or foreign country)

10. Usual occupation Retired.

11. Industry or business Park Watchman.

12. Name Unknown

13. Birthplace Unknown Germany 4
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown Germany. 4
(City, town, or county) (State or foreign country)

16. (a) Informant William G. Koetterheinrich.

(b) Address 5478 Hamilton Ave.

17. (a) Burial (b) Date thereof 5/13/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Friedens Cemetery

18. (a) Signature of funeral director Math-Bermann & Son

(b) Address 2161 East Fair Ave.

19. (a) MAY 12 1943 J. F. Pradeak
(Date received local registrar) (Registrar's signature)

20. DATE OF DEATH: Month May day 10th,
year 1943 hour 4:15 A. minute _____ M.

21. I hereby certify that I attended the deceased from May-6th, 1943 to May-9th, 1943
that I last saw him alive on May-9th-1943, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Apoplexy - Left Hemiplegia rt.

Due to Arteriosclerosis hypertens-ion.

Due to _____

Other conditions Cerebral Hemorrhage and pressure.
(Include pregnancy within 3 months of death)

Major findings: Of operations None

Of autopsy None.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) No.
(b) Date of occurrence No.
(c) Where did injury occur? None.
(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) Means of injury _____

23. Signature Dr. J. B. Birnbaum (M. D. or other)
Address 3718 Jennings Rd Date signed 7/10/43

Duration

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 William S. Buckholz

Licensed Embalmer No. 2110

P. O. Address St. Louis, 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, above space should be left blank.