

S. No. 2
DM-2-43
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1-23387

26816

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

AUG 23 1943

318

1003

7248

Registration District No. _____

Primary Registration District No. _____

Registrar's 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:
3215 Delor /
(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 Mo. (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3215 Delor
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Ida J. Koehrer

3. (b) If veteran, name war No. 3. (c) Social Security No. No.

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

6. (b) Name of husband or wife Henry W. Koehrer 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 12 1868
(Month) (Day) (Year)

8. AGE: Years 75 Months 4 Days 29 If less than one day _____ hr. _____ min.

9. Birthplace Philadelphia Pa.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____
12. Name Joseph Hackstetter

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)

16. (a) Informant Mrs. Antoinette Kleinpeter

(b) Address 3215 Delor

17. (a) Burial (b) Date thereof 8/13/43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cem.

18. (a) Signature of funeral director W. Schumacher
(b) Address 3013 Meramec

19. (a) AUG 19 1943 J. F. Bredick
(Date required local Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 10
year 1943 hour 8.00 minute _____ A. M.

21. I hereby certify that I attended the deceased from July 28th
_____ 1943 to Aug. 10th 1943
that I last saw her alive on Aug. 9th 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary edema Duration 24 hours

Due to Compensated left ventricular failure 3 weeks

Due to Arteriosclerosis and diabetes mellitus

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

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?

While at work? _____ (Specify type of injury)
(2) Means of injury _____

23. Signature W. Schumacher (M. D. or other) _____
Address 3353 Walnut St. Date signed 8-11-43

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

MEMORANDUM - VERMONT
3 10 4 PM
PR 0711
LA 2830

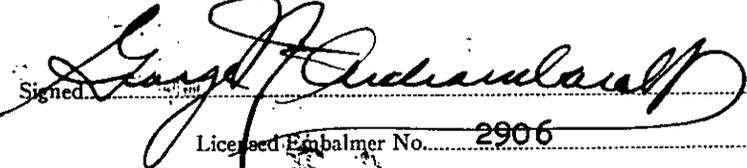
STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

George N. Archambault

Registered Apprentice No. **XXXXXX**

working under my personal supervision.

Signed 

Licensed Embalmer No. **2906**

P. O. Address **3013 Meramec**

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.