

FILED SEP 10 1943

Registration District No. 10

Primary Registration District No. 3058

1. PLACE OF DEATH: *H Charles*

(a) County *St. Charles*

(b) City or town *St. Charles*  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
*300 N. Kingshighway*  
(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: *92*

(a) State *Missouri* (b) County *St. Charles* *9*

(c) City or town *St. Charles* *3*  
(If outside city or town limits, write "RURAL")

(d) Street No. *300 N. Kingshighway*  
(If rural, give location)

(e) Citizen of foreign country? *No* (Yes or No) *0*  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month *August* day *13*  
year *1943* hour *5* minute *15* P.M.

21. I hereby certify that I attended the deceased from *3:00 p.m. - 8-13-43*  
19 *43* to *5:15 p.m. Aug 13, 19 43*

that I last saw h. i. m. alive on *AUG. 13*, 19 *43*  
and that death occurred on the date and hour stated above.

Immediate cause of death *THERMIC FEVER*  
*(HEAT STROKE)*

Due to *GENERAL VENOUS CONGESTION*

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

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

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

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME *Herman Koetter*

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 *Married*

6. (b) Name of husband or wife *Katherine Plackemeier*

6. (c) Age of husband or wife if alive *68* years

7. Birth date of deceased *August 10, 1870*  
(Month) (Day) (Year)

8. AGE: Years *73* Months *-* Days *3* If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace *St. Charles County, Missouri*  
(City, town, or county) (State or foreign country)

10. Usual occupation *Retired*

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

MOTHER FATHER { 12. Name *Herman Koetter*

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

14. Maiden name *Katherine Placke*

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

16. (a) Informant *Irwin Koetter*

(b) Address *St Charles, MO*

17. (a) *Burial* (b) Date thereof *Aug. 16, 1943*  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation *Lutheran Cemetery*

18. (a) Signature of funeral director *Hoffmann - Bauer*

(b) Address *276 N. 6th St. St. Charles, MO*

19. (a) *Aug 16, 1943* (b) *Conrad E. Bauer*  
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following: *130*

(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)

(c) Means of injury *200*

23. Signature *J. L. Harrington* (M. D. or other) *200*  
Address *St. Charles MO* Date signed *8-16-43*

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 Arthur C. Bane  
Licensed Embalmer No. 3145  
P. O. Address St. Charles, 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.**