S. No. 2
—9-4-41
5-17-39
1 X25

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 30114

FILED OCT 13 1943

Registration District No. 318 — Primary Registration District No. 1003 — Registrar's No. 8671

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis, Missouri. (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1823 Sidney St. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community ~~1823 Sidney St.~~

2. USUAL RESIDENCE OF DEACESED:

(a) State Missouri (b) County
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 1821 Sidney St. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Christian Koehler

3. (b) If veteran, name war

3. (c) Social Security No. 702-12-6533

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of ~~husband~~ or wife Gertrude Koehler

6. (c) Age of ~~husband~~ or wife if alive 52 years

7. Birth date of deceased Sept. (Month) 10 (Day) 1885 (Year)

8. AGE: Years 58 Months 0 Days 19 If less than one day hr. min.

9. Birthplace Jackson Missouri (City, town, or county) 0 (State or foreign country)

10. Usual occupation Usher Red Cap

11. Industry or business Union Station

MOTHER FATHER

12. Name Christian Koehler

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

14. Maiden name Carline Risse

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

16. (a) Informant Edward J. Lamberg

(b) Address 2400 McNair Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-29-43 (Month) (Day) (Year)

(c) Place: burial or cremation SS. Peter and Paul

18. (a) Signature of funeral director M. J. Schultz

(b) Address 1819 Sidney St.

19. (a) OCT 13 1943 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 29 year 1943 hour 5 minute 15 P.M.

21. I hereby certify that I attended the deceased from 9/28, 1943 to 9/29, 1943 that I last saw him alive on 9/28, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cardiac Syncope	sudden
Due to: Chr. Myocarditis	3 years
Due to: Acute Myocarditis	several days
Due to: Coryza	several days
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 place) (e) Means of injury

23. Signature Hillier H. Broeder (M. D. or other) M.D.
Address 1225 Sidney Date signed 9/29/43

(Licensed Embalmer's Statement on Reverse Side)

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. 1861

working under my personal supervision.

Signed Albert Hopper

Licensed Embalmer No. 1861

P. O. Address.....

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.