DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 15 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 19918

Registration District No. 318 — Primary Registration District No. 1003 — Registrar's No. 6032

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: Park Lane Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 days (Specify whether
In this community 19 yrs., 10 mos., 5 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 96

(a) State Missouri (b) County St. Louis 0

(c) City or town Lemay 0
(If outside city or town limits, write "RURAL")

(d) Street No. 746 Regina Ave. NR
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 1

3. (a) PRINT FULL NAME HAROLD F. KOEHLER

3. (b) If veteran, name war --

3. (c) Social Security No. 487-20-8090

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife --

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

7. Birth date of deceased August (Month) 28 (Day) 1924 (Year)

8. AGE: Years 19 | Months 10 | Days 5 | If less than one day ___ hr. ___ min.

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

10. Usual occupation Storekeeper

11. Industry or business U.S.A.A/C Specializing Depot

FATHER
12. Name Herman H. Koehler
13. Birthplace St. Louis, Mo. (City, town, or county) 0 (State or foreign country)

MOTHER
14. Maiden name Dorothy Kettelkamp
15. Birthplace St. Louis, Mo. (City, town, or county) 0 (State or foreign country)

16. (a) Informant Herman H. Koehler
(b) Address 746 Regina Ave., Lemay, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7--7-1944 (Month) (Day) (Year)
(c) Place: burial or cremation St.Trinity Cemetery

18. (a) Signature of funeral director C.Hoffmeister U.& L.Co
(b) Address 7814 S. Broadway, St. Louis, Mo.

19. (a) JUL 6 1944 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 3rd year 1944 hour 7 minute 50 P. M.

21. I hereby certify that I attended the deceased from June 27, 1944 to July 3, 1944 that I last saw h___ alive on ___, 19___; and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic Pneumonia — Duration

Due to Appendectomy

Due to

Other conditions none
(Include pregnancy within 3 months of death)

Major findings:
Of operations Chronic Appendix
Of autopsy Hypostatic Pneumonia
Lower middle lobe Right Lung

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Drafus Amerer (M. D. or other)
Address 4661a Virginia Ave. Date signed 7/3/44

(Licensed Embalmer's Statement on Reverse Side)

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. Harry J. Schumacher

Licensed Embalmer No. 2679

P. O. Address. 432 Lemay Ferry

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.