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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

29517

State File No. ....

FILED OCT 13 1944  
Registration District No. 1018

Primary Registration District No. 1003

Registrar's No. 8289

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

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:  
LEE STREET CAR AT GRAND AND KOSSUTH  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 (Specify whether  
In this community 3 years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State MISSOURI (b) County Mo.  
(c) City or town ST. LOUIS 1017  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4389 PENROSE ST  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country ( )

3. (a) PRINT FULL NAME WALTER B. KOEHNEMANN  
(b) If veteran, name war WORLD WAR I  
3. (c) Social Security No. ....

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month SEPT. day 26  
year 1944 hour 11 minute 34 P. M.

4. Sex MALE 5. Color of race WHITE 6. (a) Single, widowed, married, divorced MARRIED  
6. (b) Name of husband or wife BERTHA BEYER KOEHNEMANN 6. (c) Age of husband or wife if alive 44 years  
7. Birth date of deceased NOVEMBER 21 1893  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from ..... 19....., to ..... 19.....;  
that I last saw h..... alive on ..... 19.....;  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
50 10 5 hr. min.

Immediate cause of death Coronary Thrombosis  
Due to .....  
Due to .....  
Other conditions (Include pregnancy within 3 months of death) .....  
Major findings: Of operations .....  
Of autopsy .....  
Duration

9. Birthplace MARINE ILLINOIS  
(City, town, or county) (State or foreign country)  
10. Usual occupation STREET CAR OPERATOR

PHYSICIAN  
Underline the cause to which death should be charged statistically.

11. Industry or business UTILITY  
12. Name HENRY KOEHNEMANN  
13. Birthplace MARINE ILLINOIS  
(City, town, or county) (State or foreign country)  
14. Maiden name ELIZABETH KRUSE  
15. Birthplace ST. LOUIS MISSOURI  
(City, town, or county) (State or foreign country)

16. (a) Informant BERTHA KOEHNEMANN  
(b) Address 4389 PENROSE ST.

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? .....

17. (a) BURIAL (b) Date thereof 9/30/44  
(c) Place: burial or cremation National Cemetery Barracks, St. Louis  
(Specify type of place)

(d) Means of injury 3  
While at work? .....  
23. Signature James J. Fitzmaurice (M. D. or other) Carroll  
Address 1300 Clark Date signed 9-28-44

18. (a) Signature of funeral director W. TROTT-CARROLL  
(b) Address 4600 NATURAL BRIDGE  
19. (a) SEP 28 1944 (b) J. F. Brudeck  
(Date received local registrar) (Registrar's signature)

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**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.....

*Sheldon Collier*

Licensed Embalmer No. 3382

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.**