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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 10 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34641

Registration District No. 317 Primary Registration District No. 6076 Registrar's No. 2570

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Wellston
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1567 Wesslton Avenue.
(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 Missouri (b) County St. Louis 96
(c) City or town Wellston. 0
(If outside city or town limits, write "RURAL")
(d) Street No. 1567 Wellston Avenue. 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) D
If yes, name country

3. (a) PRINT FULL NAME Henry L. Koehler.
3. (b) If veteran, name war None
3. (c) Social Security No. 497-01-9945
4. Sex Male D
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Selma M. Koehler.
6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased October (Month) 2, (Day) 1879. (Year)

8. AGE: Years 66 Months 1 Days 6 If less than one day hr. min.

9. Birthplace St. Charles County, Missouri (City, town, or county) (State or foreign country)
10. Usual occupation Carpenter
11. Industry or business
FATHER 12. Name Louis Koehler.
13. Birthplace St. Charles Co. Missouri (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Anna Luetkemeier.
15. Birthplace St. Charles Co. Missouri (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Selma M. Koehler.
(b) Address 1567 Wellston Avenue.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-10-1945. (Month) (Day) (Year)
(c) Place: burial or cremation St. Charles, Missouri.
18. (a) Signature of funeral director Geo. L. Pleitsch, Inc.
(b) Address 5966-68 Easton Avenue.
19. (a) 11-9-45 (Date received local registrar) (b) [illegible] M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 8th. year 1945 hour 4 minute 08 A.M.
21. I hereby certify that I attended the deceased from APRIL 8, 1944 to NOV. 8 1945 that I last saw him alive on NOV. 7 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: CHRONIC MYOCARDITIS	2 YRS.
Due to:	
Due to: 93d	
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? (Specify type of place)
While at work? (e) Means of injury
23. Signature [illegible] (M. D. or other) M.D.
Address 1194 Hodiamont Ave. Date signed 11-8-45

(Licensed Embalmer's Statement on Reverse Side)

Dr. Orville White.
1194 Hodiamont Avenue.
Hours 1 to 5 P.M.
Telephone Cabanne 8755

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 John Keller

Licensed Embalmer No. 3880

P. O. Address St Louis, 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.