

STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registration District No. 310

Primary Registration District No. 3058

Registrar's No. 156

1. PLACE OF DEATH:

(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 North 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:

(a) State Missouri (b) County St. Charles  
(c) City or town St. Charles  
(If outside city or town limits, write "RURAL")  
(d) Street No. 300 North Kingshighway  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Mrs. Katherine Koetter

3. (b) If veteran, name was None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Herman Koetter 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased November 18, 1874  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
71 10 13 \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Retired

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

12. Name Ernst Plackemeier  
13. Birthplace St. Charles County, Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Clara Koentmann  
15. Birthplace St. Charles County, Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Irwin Koetter  
(b) Address 300 N. Kingshighway

17. (a) Burial (b) Date thereof Oct. 4, 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lutheran Cemetery

18. (a) Signature of funeral director Hackman Bone  
(b) Address 326 N. 6th, Str., St. Charles, Mo.

19. (a) 10/18/46 (b) Hanns Hamel  
(Date received local registrar) (Registrar's signature)

20. DATE OF DEATH: Month Oct. day 1  
year 1946 hour 10 minute 45 P.M.

21. I hereby certify that I attended the deceased from July 30, 1945, to Oct 7, 1946  
that I last saw her alive on Oct 1, 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 4 days

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

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

Other conditions Chronic Ulcerative colitis  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy §3A  
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 1

23. Signature Wesley A. Schuler (M. D. or other) MD  
Address St. Charles, MO Date signed 10/13/46

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

12  
9  
3

3300

284

**RECEIVED**  
District Health Officer No. 9  
District File Number 10-22-46  
Date Filed

**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. Bruce*

Licensed Embalmer No. 3155

P. O. Address *A. C. Bruce, 7116*

**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.**