

No. 2  
-12-45  
5-17-39  
I X47070

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

3384  
State File No. \_\_\_\_\_  
Registrar's No. 256

FILED FEB 10 1947  
Registration District No. \_\_\_\_\_

3068  
Primary Registration District No. \_\_\_\_\_

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

1. PLACE OF DEATH:  
(a) County St. Louis Co.  
(b) City or town Maplewood Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
2222 Yale Ave.  
(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)

3. (a) PRINT FULL NAME Lulu Koarner  
3. (b) If veteran, name war No.  
3. (c) Social Security No. No.

4. Sex F. / 5. Color or race W.  
6. (a) Single, widowed, married, divorced W. 2.  
6. (b) Name of husband or wife Theo.  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Jan. 1 1872  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
75 1 3 hr. min.

9. Birthplace St. Louis Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Housewife

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

MOTHER FATHER

12. Name Herman Dietering

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

14. Maiden name Louisa

15. Birthplace St. Louis Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Hazel Helwig

(b) Address 5707 McPherson

17. (a) Burial (b) Date thereof Feb. 4, 1947.  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Matthews

18. (a) Signature of funeral director Jay B. Smith Fun. Home

(b) Address 7456 Manchester, Maplewood 17, Mo.

19. (a) 2-6-47 (b) Ruth Allen MD  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo. (b) County St. Louis  
(c) City or town Maplewood  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2222 Yale Ave.  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

20. DATE OF DEATH: Month Feb day 4th  
year 1947 hour 12 30 minute A. M.  
21. I hereby certify that I attended the deceased from July 10  
1947 to Sept 10 1947  
that I last saw him alive on Sept 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Intestinal obstruction  
Due to v. volvulus  
Due to Mesenteric cyst  
Other conditions: none Ventral Hernia  
Major findings:  
Of operations \_\_\_\_\_  
Of autopsy not done

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 San J. McKinnel (M. D. or other) MD  
Address 6453 Chippewa Date signed FEB 4 1947

APR 16 1947

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 2454

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed David C. Gibson

Licensed Embalmer No. 3484

P. O. Address 7456 Massachusetts

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.