No. 2
-1/47
5-17-39

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

FEDERAL SECURITY AGENCY
Office of Vital Statistics

FILED APR 21 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 15294

Registration District No. 318 | Primary Registration District No. 1003 | Registrar's No. 3882

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: Jewish Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 wks. (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Louis

(c) City or town Rock Hill
(If outside city or town limits, write "RURAL")

(d) Street No. 9620 Manchester Road
(If rural, give location)

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

If yes, name country

96
14
0
1
NR

3. (a) PRINT FULL NAME Leonhard Koehler

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife Bertha Gayer

6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased May (Month) 22 (Day) 1868 (Year)

8. AGE: Years 78 | Months 10 | Days 28 | If less than one day hr. min.

9. Birthplace Rock Hill Village (City, town, or county) Mo. (State or foreign country)

10. Usual occupation Retired

11. Industry or business

MOTHER FATHER

12. Name Leonhard Koehler

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

14. Maiden name unknown

15. Birthplace (City, town, or county) Germany (State or foreign country)

16. (a) Informant Bertha Koehler

(b) Address 9620 Manchester Ave.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof Apr. 14 1947 (Month) (Day) (Year)

(c) Place: burial or cremation Laurel Hill Cemetery

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

(b) Address 7456 Manchester Ave.

19. (a) APR 14 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 12 year 1947 hour 11:45 minute M.

21. I hereby certify that I attended the deceased from Dec 4 1946 to April 12 1947 that I last saw him alive on April 12 1947 and that death occurred on the date and hour stated above.

Duration

Immediate cause of death Coronary Thrombosis
(a) (Do not abbreviate)
No autopsy Evidence of Coronary

Due to

Due to

Other conditions Marked arteriosclerosis
(Include pregnancy within 3 months of death)

Major findings: Enlarged prostate with
Of operations Cystoscopy & other medication
Of autopsy Prostatectomy & drainage
Above noted

PHYSICIAN

Underline the cause of 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) MD

Address 361 N. Kirkwood Road Kirkwood Mo. Date signed 4-12-47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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 3456 ....., Registered Apprentice No. ....., working under my personal supervision.

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address 7456 Manchester

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.