

**FILED SEP 18 1947**  
Registration District No. **010**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County.....

(b) City or town..... **St. Louis, Mo.**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
**St. Anthony's Hospital**  
(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..... **Mo.** (b) County..... **0000**

(c) City or town..... **St. Louis**  
(If outside city or town limits, write "RURAL")

(d) Street No. **15 4701 Ray Ave.**  
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No) **0**

If yes, name country.....

3. (a) PRINT FULL NAME..... **ELMER P. KOETTKE**

3. (b) If veteran, name war..... **None**

3. (c) Social Security No. ....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept.** day **4**  
year..... **1947** hour..... **5:55** minute..... **P.** M.

4. Sex..... **Male** 5. Color or race..... **White**

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

6. (b) Name of husband or wife..... **Eva M.** 6. (c) Age of husband or wife if alive..... **49** years

7. Birth date of deceased..... **Nov. 6 1897**  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **Sept 3** 19**47**, to **Sept 4** 19**47**, that I last saw him alive on **Sept 4** 19**47** and that death occurred on the date and hour stated above.

Duration

8. AGE:	Years	Months	Days	If less than one day
	<b>49</b>	<b>9</b>	<b>28</b>	..... hr. .... min.

Immediate cause of death.....  
**Cerebral Hemorrhage**

Due to..... **Hypertension**

Due to.....

Other conditions.....  
(Include pregnancy within 3 months of death)

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

10. Usual occupation..... **Bank Clerk**

Major findings:  
Of operations..... **none**

Of autopsy..... **not done**

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

MOTHER FATHER

11. Industry or business..... **Mercantile-Commerce Bk.**

12. Name..... **Andrew Koettker**

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

14. Maiden name..... **Mary Boehn**

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

16. (a) Informant..... **Eva M. Koettker**  
(b) Address..... **4701 Ray Ave.**

17. (a) **Burial** (b) Date thereof..... **9-8-47**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... **Resurrection Cem.**

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....

(b) Date of occurrence..... **9-8-47**

(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

18. (a) Signature of funeral director..... **Kriegshauser Und. Co.**  
(b) Address..... **4228 So. Kingshighway Bl.**

19. (a) **SEP 5 1947** (b) **J. F. Biedeck**  
(Date received local registrar) (Registrar's signature)

23. Signature..... **J. F. Biedeck** (M. D. or other) **JD**  
Address..... **3606 Grand** Date signed..... **9-5-47**

3606  
1-4

2011 2

**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 Richard W. Stovesand  
Licensed Embalmer No. 4007

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.