

STANDARD CERTIFICATE OF DEATH

State File No. **43750**
Registrar's No. **25287**

FILED DEC 22 1947
Registration District No. **10717**

Primary Registration District No. **3062**

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

1. PLACE OF DEATH:

(a) County **St. Louis**

(b) City or town **Brentwood**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution **9620 Manchester Rd.**
(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**

(c) City or town **Brentwood**
(If outside city or town limits, write "RURAL")

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

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

If yes, name country _____

3. (a) PRINT FULL NAME **Bertha Koehler**

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

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

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

6. (b) Name of husband or wife **Leonhard**

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

7. Birth date of deceased **October 17 1873**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	73	2	15	hr. _____ min. _____

9. Birthplace **Macon, Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business _____

12. Name **Paul Gayer**

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

14. Maiden name **Margaretta Fasholz**

15. Birthplace **Jefferson Co., Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant _____

(b) Address **9620 Manchester Rd.**

17. (a) **Burial** (b) Date thereof **12-17-1947**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Laurell Hill Cemetery**

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

(b) Address **7456 Manchester Rd.**

19. (a) **12-16-47** (b) *[Signature]*
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **December** day **15**
year **1947** hour **3:00** minute **05** M.

21. I hereby certify that I attended the deceased from **10-10-1947** to **12-15-1947**
that I last saw her alive on **12-15-47** and that death occurred on the date and hour stated above.

Immediate cause of death **Right Ventricular Dilatation**

Due to **Pulmonary Edema**
Hypertensive Heart Disease

Due to **g. d.**

Other conditions: **H.E. Altheide M.D.**
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations: _____
Of autopsy: _____

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 **H. E. Altheide M.D.** (M. D. or other) **0**

Address **Manchester Rd.** Date signed _____

MOTHER FATHER

Brentwood Mo

9620

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 J. P. Burgess

Licensed Embalmer No. 4029

P. O. Address Maplewood

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.