

No. 2
-1/47
-17-39

FILED MAY 15 1948
Registration District No. 377

Primary Registration District No. 6076

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

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: Veterans Administration Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 83 Days
(Specify whether years, months or days)

In this community 83 Days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Osage

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

(d) Street No. _____
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME KOERBER, Henry J.

3. (b) If veteran, name war VV-1

3. (c) Social Security No. 490 20 3533

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Barbara

6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased April 15 1895
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>53</u>	<u>0</u>	<u>25</u>hr.min.

9. Birthplace Rich Fountain, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Machine Operator

11. Industry or business _____

12. Name Unavailable

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

14. Maiden name Unavailable

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

16. (a) Informant Registrar, VA Hospital

(b) Address Jefferson Barracks, Mo.

17. (a) Burial (b) Date thereof 5/13/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Nat'l. Cem. Jeff. Bks. Mo.

18. (a) Signature of funeral director J.L. Ziegenhein & Sons,
(b) Address 7027 Gravoia Ave. St. Louis, Mo.

19. (a) 5-13-48 (b) Carl J. Slupko
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 10
year 1948 hour 9:45 minute A. M.

21. I hereby certify that I attended the deceased from February 17, 1948, to May 10, 1948; that I last saw him alive on May 10, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death CEREBRAL HEMORRHAGE

Contributory cause: PNEUMONIA, LOBULAR

Due to _____

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

PHYSICIAN _____

Major findings: _____
Of operations _____

Of autopsy Autopsy performed
(See cause of death)

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

(a) Accident, suicide, or homicide (specify) None

(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)

23. Signature L.E. Stilwell
L.E. Stilwell, (M.D. or R.N.)
Address Jefferson Barracks, Mo. Date signed 5/10/48

MS NOV 2 1959

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 W. G. Peterson

Licensed Embalmer No. 3767

P. O. Address. 7027 Gravois

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.