

FILED AUG 23 1948

Registration District No. 318

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 27915
Registrar's No. 6941

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: City Hospital #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community Life
years, months or days

3. (a) PRINT FULL NAME JOHANNA 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 Widow
6. (b) Name of husband or wife Julius Koehler 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased March 20-1870
(Month) (Day) (Year)

8. AGE: Years 78 Months 4 Days 16 If less than one day
hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name (Unknown) Reuther

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

14. Maiden name Unknown

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

16. (a) Informant Edward Koehler

(b) Address 3322 Arsenal Street

17. (a) Burial (b) Date thereof 8-9-1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus Cemetery

18. (a) Signature of funeral director Myrdell Lind

(b) Address 1926 Allen Avenue

19. (a) Aug 7 1948 (b) J. F. Budeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County ood
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1209a Emmet Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 6th
year 1948 hour 4:20 minute _____ A.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him alive on _____, 19____;

and that death occurred on the date and hour stated above.

Immediate cause of death Fracture of Skull - Subdural Hematoma - when he was struck by an automobile driven by Glenn August Schaefer about 0.15 feet west of Sulphur, or Chippewa, around 9:40 p.m. Aug. 5, 1948

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

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

(a) Accident, suicide, or homicide (specify) accident
(b) Date of occurrence Aug 5-1948
(c) Where did injury occur? Sulphur, Chippewa
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public Place

While at work? No (Specify type of place) (e) Means of injury See above

23. Signature of physician Dr. J. F. Budeck (M. D. or other)
Date signed 8/7/48

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.....

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

Signed..... *Benj. L. Duncan*

..... Licensed Embalmer No. 2272

P. O. Address 1926 Allen Avenue

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.