No. 300
10.48

FILED MAY 5 1949
#96765

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 13905

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 3649

**1. PLACE OF DEATH**
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis, Missouri
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Louis City Hospital #1.

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
d. STREET ADDRESS (If rural, give location): 3606a N. Spring Ave

**3. NAME OF DECEASED** (Type or Print)
a. (First): Harlan ~~HARLAN~~
b. (Middle): J.
c. (Last): KOESSEL

**4. DATE OF DEATH** (Month) (Day) (Year): April 22nd, 1949

**5. SEX**: Male
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Married
**8. DATE OF BIRTH**: November 4, 1919
**9. AGE** (In years last birthday): 29 — If under 1 year: Months 5, Days 18 — If under 24 hrs.: Hours, Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Hardwood Finisher
**10b. KIND OF BUSINESS OR INDUSTRY**: Westinghouse El Co
**11. BIRTHPLACE** (State or foreign country): St. Louis MO
**12. CITIZEN OF WHAT COUNTRY?**: U.S.A.

**13a. FATHER'S NAME**: William Koessel
**13b. MOTHER'S MAIDEN NAME**: Blanche Pelham
**14. NAME OF HUSBAND OR WIFE**: Lorraine Koessel

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): no
(If yes, give war or dates of service)
**16. SOCIAL SECURITY NO.**
**17. INFORMANT'S SIGNATURE OR NAME**: Lorriain Koessel
**ADDRESS**: 3606a N. Spring Ave

**18. CAUSE OF DEATH**
Enter only one cause per line for (a), (b), and (c).
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cirrhosis of the liver
INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) alcoholism
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
*Conditions contributing to the death but not related to the disease or condition causing death.*

**19a. DATE OF OPERATION**
**19b. MAJOR FINDINGS OF OPERATION**
**20. AUTOPSY?** YES ☐ NO ☐

**21a. ACCIDENT SUICIDE HOMICIDE** (Specify)
**21b. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.)
**21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)**: 124a
**21d. TIME OF INJURY** (Month) (Day) (Year) (Hour) m.
**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?**: 5811

22. *I hereby certify that I attended the deceased from* 4/19/49, 19____, *to* 4/22/49, 19____, *that I last saw the deceased alive on* 4/22/49, 19____, *and that death occurred at* 12:10am., *from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): Geo. L. Bryan, M.D.
**23b. ADDRESS**: 1515 Lafayette Ave.,
**23c. DATE SIGNED**: 4/22/49

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: April 25 1949
**24c. NAME OF CEMETERY OR CREMATORY**: Laural Hill Garden
**24d. LOCATION** (City, town, or county) (State): St. Louis Co MO

**DATE REC'D BY LOCAL REG.**: APR 23 1949
**REGISTRAR'S SIGNATURE**: J. B. Sasaler
**25. FUNERAL DIRECTOR'S SIGNATURE**: Calvin F Feutz
**ADDRESS**: 4828 Nat Bridge Blvd

(Licensed Embalmer's Statement on Reverse Side)

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

## 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.....

....., Student Embalmer No. .....,

working under my personal supervision.

Signed John A. Mlenar

Signed.....
Student Embalmer

Licensed Embalmer No. 4186

P. O. Address St. Louis Mo.

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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of ..... } ss.
County of ..... }

**AFFIDAVIT FOR CORRECTION OF A RECORD**

State File No. 18905
Local Registrar's No. 3649

On this ..... day of ....., 194....., before me appears .....
....., who, upon ..... oath, states that the original record of birth/death
for Harlan J. Koessel, died ~~born~~ 4-22-1949, 19....., in the State of
Missouri, and which was filed at ..... on ....., 19....., should be corrected as follows:

Item No. 3 should read Harlan J. Koessel
Instead of Harlow J, Koessel

Item No. 17 should read Lorrain Koessel
Instead of

Item No. ..... should read .....
Instead of

Item No. ..... should read .....
Instead of

Item No. ..... should read .....
Instead of

Item No. ..... should read .....
Instead of

Item No. ..... should read .....
Instead of

Item No. ..... should read .....
Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Lorraine Wieland Inf.
Relationship.

711 N. Grand
Present Address.

Subscribed and sworn to before me this 26 day of Oct, 1953

My Commission expires 3-4-57 Ella C Paddock Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

Form V. S. 135
50M—8-43
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