S. No. 300
v. 10.48

FILED AUG 2 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25679

BIRTH NO. _____ REG. DIST. NO. 6317 PRIMARY REG. DIST. NO. 6026 Registrar's No. 1828

1. PLACE OF DEATH
a. COUNTY: ST. LOUIS,
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): NORMANDY
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): OUR MOTHER OF GOOD COUNCEL HOME

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: ST. LOUIS,
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST. LOUIS,
d. STREET ADDRESS (If rural, give location): 4850 SACRAMENTO AVE

3. NAME OF DECEASED (Type or Print): a. (First) EMMA b. (Middle) c. (Last) KOEHL
4. DATE OF DEATH (Month) (Day) (Year): JULY 26, 1949
5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOW
8. DATE OF BIRTH: JUNE 19, 1864
9. AGE (In years last birthday): 85 — If under 1 year: Months, Days — If under 1 day: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): CAIRO ILLINOIS
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME: HENRY BRAUN
13b. MOTHER'S MAIDEN NAME: MARGARET WAGNER
14. NAME OF HUSBAND OR WIFE: FRANK X. KOEHL
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.: NONE
17. INFORMANT'S SIGNATURE OR NAME: WALTER S. KOEHL ADDRESS: 4850 SACRAMENTO AVE

MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease — Interval between onset and death: 5 yrs

ANTECEDENT CAUSES — Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis — 5 yrs
DUE TO (c) Senility

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

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION: None
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): None
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): None
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): None
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): None
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? None

22. *I hereby certify that I attended the deceased from* 6-25, 1948, *to* 7-26, 1949, *that I last saw the deceased alive on* 7-26, 1949, *and that death occurred at* 4:10 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE: M. R. Stachle (Degree or title) MD
23b. ADDRESS: 7724 Natural Bridge
23c. DATE SIGNED: 7-27-49

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 7/29/49
24c. NAME OF CEMETERY OR CREMATORY: CALVARY CEMETERY
24d. LOCATION (City, town, or county) (State): ST. LOUIS, MISSOURI

DATE REC'D BY LOCAL REG.: 7-28-49
REGISTRAR'S SIGNATURE: Herbert R. Monke MD
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: STROOT - CARROLL 4600 NATURAL BRIDGE AVE

(Licensed Embalmer's Statement on Reverse Side)

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

96

Stachle Dr 7111 7 1/2 Natural Bridge

1 6-8

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.

Student _____
Student Embalmer

Signed _____

Licensed Embalmer No. 4366

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.

PS.