

FILED SEP 6 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 28758

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

|                                                                                                                                                                                                                                                    |  |                                                                                                                                     |  |                                                                                                                                      |  |                                                                                  |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------|--|
| BIRTH NO. _____                                                                                                                                                                                                                                    |  | REG. DIST. NO. <u>317</u>                                                                                                           |  | PRIMARY REG. DIST. NO. <u>5066</u>                                                                                                   |  | Registrar's No. <u>1953</u>                                                      |  |
| 1. PLACE OF DEATH<br>a. COUNTY <u>St. Louis</u>                                                                                                                                                                                                    |  |                                                                                                                                     |  | 2. USUAL RESIDENCE (Where deceased lived & instituted: residence before admission)<br>a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u> |  |                                                                                  |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br><u>irkwood</u>                                                                                                                                                             |  | c. LENGTH OF STAY (In this place)<br><u>20 yrs.</u>                                                                                 |  | c. CITY (If outside corporate limits, write RURAL and give township)<br><u>irkwood</u>                                               |  | 461                                                                              |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><u>1247 1/2 Monroe</u>                                                                                                                                                                                  |  |                                                                                                                                     |  | d. STREET ADDRESS (If rural, give location)<br><u>1247 1/2 Monroe 3</u>                                                              |  |                                                                                  |  |
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First) <u>Anton Louis</u>                                                                                                                                                                            |  | b. (Middle) _____                                                                                                                   |  | c. (Last) <u>Koehler</u>                                                                                                             |  | 4. DATE OF DEATH (Month) (Day) (Year)<br><u>Aug. 13 - 49</u>                     |  |
| 5. SEX <u>M</u>                                                                                                                                                                                                                                    |  | 6. COLOR OR RACE <u>W</u>                                                                                                           |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><u>M</u>                                                                   |  | 8. DATE OF BIRTH<br><u>Oct 22 - 1899</u>                                         |  |
| 9. AGE (In years) (Last birthday) <u>49</u>                                                                                                                                                                                                        |  | 10. UNDER 1 YEAR (Month) (Day) (Year) <u>9</u>                                                                                      |  | 11. BIRTHPLACE (State or foreign country)<br><u>St. Louis, Mo.</u>                                                                   |  | 12. CITIZEN OF WHAT COUNTRY?<br><u>U.S.A.</u>                                    |  |
| 10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired)<br><u>City Inspector</u>                                                                                                                                    |  | 10b. KIND OF BUSINESS OR INDUSTRY _____                                                                                             |  | 13a. FATHER'S NAME<br><u>Crest Koehler</u>                                                                                           |  | 13b. MOTHER'S MAIDEN NAME<br><u>Christina Schmidt</u>                            |  |
| 13c. NAME OF HUSBAND OR WIFE<br><u>Irene Koehler</u>                                                                                                                                                                                               |  | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>Unknown</u>          |  | 16. SOCIAL SECURITY NO.<br><u>Unknown</u>                                                                                            |  | 17. INFORMANT'S SIGNATURE OR NAME<br><u>Mrs Irene Koehler</u>                    |  |
| 17. ADDRESS<br><u>irkwood 70</u>                                                                                                                                                                                                                   |  | 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><u>Brain tumor - malignant</u>                         |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____                                                |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>1958</u>                                  |  |
| *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.                                                                                                     |  | II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |  | II. OTHER SIGNIFICANT CONDITIONS                                                                                                     |  |                                                                                  |  |
| 19a. DATE OF OPERATION _____                                                                                                                                                                                                                       |  | 19b. MAJOR FINDINGS OF OPERATION<br><u>Same</u>                                                                                     |  | 19c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)                                                                                      |  | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |  |
| 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)                                                                                      |  | 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____                            |  |
| 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>                                                                                                                                             |  | 21f. HOW DID INJURY OCCUR? _____                                                                                                    |  | 21g. HOW DID INJURY OCCUR? _____                                                                                                     |  | 21h. HOW DID INJURY OCCUR? _____                                                 |  |
| 22. I hereby certify that I attended the deceased from <u>7-28, 1949</u> to <u>8-12, 1949</u> , that I last saw the deceased alive on <u>8-12, 1949</u> , and that death occurred at <u>2 A.M.</u> , from the causes and on the date stated above. |  |                                                                                                                                     |  |                                                                                                                                      |  |                                                                                  |  |
| 23a. SIGNATURE<br><u>Norman H. Barnhart</u>                                                                                                                                                                                                        |  |                                                                                                                                     |  | 23b. ADDRESS<br><u>243 W. Jefferson</u>                                                                                              |  | 23c. DATE SIGNED<br><u>8-13-49</u>                                               |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>                                                                                                                                                                                         |  | 24b. DATE<br><u>8-15-49</u>                                                                                                         |  | 24c. NAME OF CEMETERY OR CREMATORY<br><u>Oak Hill Cem.</u>                                                                           |  | 24d. LOCATION (City, town, or county) (State)<br><u>irkwood Mo.</u>              |  |
| DATE REC'D BY LOCAL REG.<br><u>8-15-49</u>                                                                                                                                                                                                         |  | REGISTRAR'S SIGNATURE<br><u>Hubert R. Vandall</u>                                                                                   |  | 25. FUNERAL DIRECTOR'S SIGNATURE<br><u>Louis H. Bopp</u>                                                                             |  | ADDRESS<br><u>irk.</u>                                                           |  |

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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 Felix Hurand

Licensed Embalmer No. 3034

P. O. Address Kirkwood 23 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.