

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

42164

State File No. \_\_\_\_\_

FILED JAN 6 1950

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058 Registrar's No. 240

1. PLACE OF DEATH a. COUNTY <b>St. Charles</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St. Charles</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>St. Charles</b>	c. LENGTH OF STAY (In this place) (township) <b>68 yrs</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Charles</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>St Joseph Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>3rd &amp; Jefferson</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>August</b>	b. (Middle)	c. (Last) <b>Koetter</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>12-17-49</b>
--	-------------	-----------------------------	--

5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>April 18 1880</b>	9. AGE (In years last birthday) (If under 1 year: Months) (Days) (If under 24 hrs: Hours) (Min.) <b>69</b>
--------------------	------------------------------	--	--	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Odd Jobs</b>	11. BIRTHPLACE (State or foreign country) <b>Orchard Farm Mo</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
---	--	---	--

13a. FATHER'S NAME <b>Fritz Koetter</b>	13b. MOTHER'S MAIDEN NAME <b>Not known</b>	14. NAME OF HUSBAND OR WIFE <b>Bertha Fischer</b>
--	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, state war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs Elvira Meyer</b>	ADDRESS <b>906 Adams St</b>
--	--	--	--------------------------------

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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Unavoidable accident</b>		
	ANTECEDENT CAUSES DUE TO (b) <b>automobile - one car involved</b> DUE TO (c) <b>extreme shock and severe brain injury</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<b>881 25</b>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	----------------------------------	---

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>accident</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, shop, public bldg, etc.) <b>City Street</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>St. Charles St. Charles Mo.</b>
---	---	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) <b>Dec. 17-1949 5P.</b>	21e. HOW DID INJURY OCCUR? <b>struck by automobile</b>	<b>30</b>
---	---	-----------

22. I hereby certify that I attended the deceased from **12/18/49** to **12/18/49**, that I last saw the deceased alive on **12/18/49**, and that death occurred at **5:30** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Miss Mary Schuchman</b>	23b. ADDRESS <b>Wentzville, Mo.</b>	23c. DATE SIGNED <b>12/18/49</b>
--	--	-------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Dec 20 1949</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Lutheran Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>St Charles Mo.</b>
--	---------------------------------	--	--

DATE REC'D BY LOCAL REG. <b>12-26-49</b>	REGISTRAR'S SIGNATURE <b>Barrie B...</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Wickman Paul</b>	ADDRESS <b>St Charles Mo</b>
---	---	---	---------------------------------

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

RECEIVED DEC 31 1949  
District Health Officer No. 9,  
District File Number.....

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.....

*Arthur C. Bann*

Signed.....

Student Embalmer

Licensed Embalmer No. *3147*

P. O. Address.....

*St. Charles, 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.