

FILED FEB 10 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 2694  
965

BIRTH NO. 10978-50 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY 2230	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION Firmin Desloge Hospital		d. STREET ADDRESS (If rural, give location) 23 2624 So. 7th Street	
3. NAME OF DECEASED (Type or Print) a. (First) Baby Garrett b. (Middle) Anthony c. (Last) Koehler		4. DATE OF DEATH (Month) (Day) (Year) 1-28-50	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) n	8. DATE OF BIRTH 1-28-50
10a. USUAL OCCUPATION (Give kind of work done during past of working life, even if retired) Infant		11. BIRTHPLACE (State or foreign country) St. Louis Mo 0	
13a. FATHER'S NAME Leo Anthony Koehler		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		17. INFORMANT'S SIGNATURE OR NAME Leo Anthony Koehler, 2624 So. 7th St.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Asphyxia		II. OTHER SIGNIFICANT CONDITIONS: Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) CNS Respiratory mechanism damage DUE TO (c) Difficulty in delivering children			
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		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 <input type="checkbox"/> NO <input 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) 7610 (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from Jan. 28, 1950, to Jan. 28, 1950, that I last saw the deceased alive on Jan. 28, 11:30 a.m., 1950, and that death occurred at 12:25 p.m., from the causes and on the date stated above.

23a. SIGNATURE JW Stevens - No. 202 (Degree or title)		23b. ADDRESS 634 N Grand		23c. DATE SIGNED 1-28-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1-30-50		24c. NAME OF CEMETERY OR CREMATORY Mount Hope	
24d. LOCATION (City, town, or county) (State) St. Louis County, Mo		25. FUNERAL DIRECTOR'S SIGNATURE McLaughlin Funeral Home		ADDRESS 2301 Lafayette	
DATE REC'D BY LOCAL REG. JAN 30 1950		REGISTRAR'S SIGNATURE J. B. Lacater			

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

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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.

*Not Embalmed*

Signed.....

Signed.....  
Student Embalmer

Licensed Embalmer No.....

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.**