

FILED MAR 2 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

6318  
State File No. 1673  
Registrar's No.

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		State File No. <b>1673</b>		Registrar's No. _____					
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY _____									
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>			c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>			2169					
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>3927 Gravois Ave.</b>				d. STREET ADDRESS (If rural, give location) <b>3927 Gravois Ave.</b>									
3. NAME OF DECEASED (Type or Print) a. (First) <b>John</b>			b. (Middle) <b>E.</b>			c. (Last) <b>Koehler</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>2/17/51</b>				
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>May 13, 1878</b>		9. AGE (In years last birthday) <b>72</b>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 28 HRS. Hours _____ Mins. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>---</b>		11. BIRTHPLACE (State or foreign country) <b>St. Louis, Missouri</b>			12. CITIZEN OF WHAT COUNTRY? <b>USA</b>				
13a. FATHER'S NAME <b>Henry Koehler</b>				13b. MOTHER'S MAIDEN NAME <b>Katherine Vorhof</b>				14. NAME OF HUSBAND OR WIFE <b>Lena</b>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>				16. SOCIAL SECURITY NO. <b>188-03-0130A</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Lena Koehler--</b> ADDRESS <b>3927 Gravois Ave.</b>							
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) <b>Chronic Heart and Kidney Disease</b>		II. OTHER SIGNIFICANT CONDITIONS <b>Arteriosclerosis</b>								3 mo.			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES DUE TO (b) _____ DUE TO (c) _____								1 Yr.			
19a. DATE OF OPERATION <b>no</b>		19b. MAJOR FINDINGS OF OPERATION _____								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? <b>442X</b>									
22. I hereby certify that I attended the deceased from <b>Mar. 7, 1950</b> , to <b>Feb. 17, 1951</b> , that I last saw the deceased alive on <b>Feb. 16, 1951</b> , and that death occurred at <b>3:15 p. m.</b> , from the causes and on the date stated above.													
23a. SIGNATURE <b>W. A. Walter M.D.</b> (Degree or title)				23b. ADDRESS <b>3608 South Grand Blvd.</b>				23c. DATE SIGNED <b>2/19/51</b>					
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>2/21/51</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Sunset Burial Park</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis, Missouri</b>							
DATE REC'D BY LOCAL REG. <b>1 20 1951</b>		REGISTRAR'S SIGNATURE <b>J. B. Lasater</b>			25. FUNERAL DIRECTOR'S SIGNATURE <b>Wacker - Helderle</b>			ADDRESS <b>3634 Gravois Ave.</b>					

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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....  
Student Embalmer

Signed.....  
*Frank J. Ireland Sr.*

Licensed Embalmer No. *2645*

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.**