

FILED JUN 19 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

JUDITH G. PHILLIPS HOSPITAL

State File No. 21296
5232

BIRTH NO. 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)	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		a. STATE Missouri b. COUNTY St. Louis	
c. LENGTH OF STAY (In this place) 67		c. CITY (If outside corporate limits, write RURAL and give township) Kirkwood 4673	
d. FULL NAME OF HOSPITAL OR INSTITUTION Alexian Brother's Hospital		d. STREET ADDRESS (If rural, give location) 1101 So. Lindbergh 1	
3. NAME OF DECEASED (Type or Print) George Joseph Koehly		4. DATE OF DEATH (Month) (Day) (Year) June 6 1951	
5. SEX M	6. COLOR OR RACE W	7. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married (1)	8. DATE OF BIRTH Apr. 22, 1862
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 89
11. BIRTHPLACE (State or foreign country) Riedisheim, Alsace		12. CITIZEN OF WHAT COUNTRY? U S A	

13a. FATHER'S NAME John Baptist Koehly	13b. MOTHER'S MAIDEN NAME Josephine Frey	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) No	16. SOCIAL SECURITY NO. No	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Maryhurst Normal, 1101 So. Lindbergh Rd.

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 2 mo.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Transtetate Hypertrophy c</i>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Infirmities of Age</i>			
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)	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? 610X

22. I hereby certify that I attended the deceased from April 9, 1951, to June 6, 1951, that I last saw the deceased alive on June 5, 1951, and that death occurred at 10:30 a.m. from the causes and on the date stated above.

23a. SIGNATURE <i>E. H. Russell M.D.</i>	23b. ADDRESS 729 Frisier Bldg	23c. DATE SIGNED 6-7-51
24a. BURIAL CREMATION, REMOVAL (Specify) Burial	24b. DATE June 9, 1951	24c. NAME OF CEMETERY OR CREMATORY Maryhurst Cemetery
		24d. LOCATION (City, town or county) (State) Kirkwood, Mo.

DATE REC'D. BY LOCAL REG. JUN 7 1951	REGISTRAR'S SIGNATURE <i>J. B. Pasater</i>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C. Hoffmeister Colonial Mortuary 646 1/2 Chippewa St., St. Louis, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. Earl Powell

Rm. 729

Frisco Bldg.,

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 _____

Louis C. Hoffmeister

Signed.....
Student Embalmer

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broadway

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.