

STANDARD CERTIFICATE OF DEATH

State File No. **39274**
Registrar's No. **9749**

318

1003

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

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____	
1. PLACE OF DEATH a. COUNTY _____			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY _____		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. Louis</u>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. Louis</u> 2239	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>City Hospital</u>			d. STREET ADDRESS (If rural, give location) <u>2631² McNair Ave.</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Andrew</u>		b. (Middle) <u>Aloysius</u>		c. (Last) <u>Koettker</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 3, 1951</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>June 20, 1880</u>		9. AGE (In years last birthday) <u>71</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FORMAN Streets & Sewers</u>		10b. KIND OF BUSINESS, OR INDUSTRY <u>City of St. Louis</u>		11. BIRTHPLACE (State or foreign country) <u>ST. Louis, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		13a. FATHER'S NAME <u>HENRY Koettker</u>		13b. MOTHER'S MAIDEN NAME <u>EMMA RAUER</u>	
14. NAME OF HUSBAND OR WIFE <u>Clara Koettker</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>498-16-5964</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Clara Koettker</u>		ADDRESS <u>2631² McNair Ave.</u>		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) <u>Coronary Thrombosis</u>		ANTECEDENT CAUSES		<u>Sudden</u>	
DUE TO (b) <u>Hypertension</u>		Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		<u>3 yrs</u>	
DUE TO (c) <u>Chronic Myocarditis</u>				<u>7 yrs</u>	
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death <u>Chronic Interstitial Nephritis</u>		<u>5 yrs</u>	
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 <u>4201</u>	
22. I hereby certify that I attended the deceased from <u>June 24, 1949</u> , to <u>Nov 3, 1951</u> , that I last saw the deceased alive on <u>Oct 31, 1951</u> , and that death occurred at <u>9:15 a. m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>J. P. Keim M.D.</u>		(Degree or title)		23b. ADDRESS <u>2730 McNair Ave</u>	
23c. DATE SIGNED <u>Nov 3 1951</u>		24a. BURIAL CREMATION REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov. 6, 1951</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>ST. Paul Churchyard</u>		24d. LOCATION (City, town, or county) (State) <u>ST. Louis, County</u>		DATE REC'D BY LOCAL REG. <u>NOV 5 1951</u>	
REGISTRAR'S SIGNATURE <u>J. Earl Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Willm. D. & U. G. 2929 S. Jefferson</u>		ADDRESS <u>St. Louis, Mo.</u>	

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

A. M. Davis

Signed.....
Student Embalmer

Licensed Embalmer No. *3741*

P. O. Address *2929 Jefferson*

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.