

No. 300
10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **10920**

FILED MAR 22 1952

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **3063** Registrar's No. **737**

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY ST. LOUIS	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CLAYTON		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN FERGUSON	
c. LENGTH OF STAY (In this place) 9 MO		4109	
d. FULL NAME OF HOSPITAL OR INSTITUTION: COUNTY HOSPITAL		d. STREET ADDRESS (If rural, give location) 229 RUEGLES RD.	

3. NAME OF DECEASED (Type or Print) a. (First) Ray b. (Middle) FRANK c. (Last) Koehler Jr			4. DATE OF DEATH (Month) (Day) (Year) March 19, 1952		
5. SEX 0	6. COLOR OF RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	8. DATE OF BIRTH OCT. 14, 1931	9. AGE (In years last birthday) 20 if under 1 year Months Days if under 12 mos. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NINEL		10b. KIND OF BUSINESS OR INDUSTRY NONE	11. BIRTHPLACE (State or foreign country) FULTON Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME RAY, F. KOEHLER SR.		13b. MOTHER'S MAIDEN NAME LEOLA M. SYNES		14. NAME OF HUSBAND OR WIFE NONE	
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. NONE		17. INFORMANT'S SIGNATURE OR NAME RAY, F. KOEHLER SR. ADDRESS FERGUSON Mo	

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, asthma, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) PULMONARY EDEMA		INTERVAL BETWEEN ONSET AND DEATH UNKNOWN
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) EXTENSIVE DECUBITI MALNUTRITION DUE TO (c) MICROCEPHALY		
	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 checked="" 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) (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?

22. I hereby certify that I attended the deceased from **12-9-**, 19**51**, to **3-19-**, 19**52**; that I last saw the deceased alive on **3-19-**, 19**52**, and that death occurred at **3:30 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE Wayne E. Roberts (Degree or title) M.D.		23b. ADDRESS 601 S. Brentwood Clayton		23c. DATE SIGNED 3-19-52
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE MAR. 22, 1952	24c. NAME OF CEMETERY OR CREMATORY WRIGHT CITY CEM.	24d. LOCATION (City, town, or county) (State) WRIGHT CITY Mo	
DATE REC'D BY LOCAL REG. 3-19-52	REGISTRAR'S SIGNATURE Herbert R. Drake, M.D.	25. FUNERAL DIRECTOR'S SIGNATURE WHITE ADDRESS CHapel FERGUSON Mo		

SW (Licensed Embalmer's Statement on Reverse Side)

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 L. M. White

Signed.....
Student Embalmer

Licensed Embalmer No. 3973

P. O. Address Ferguson 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.