

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **14468**
Registrar's No. **2072**

FILED APR 16 1952

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis		c. LENGTH OF STAY (In this place) 6 days	
d. FULL NAME OF HOSPITAL OR INSTITUTION De Paul Hospital		c. CITY (If outside corporate limits, write RURAL and give township) Bellefontaine Neighbors 4010 d. STREET ADDRESS (If rural, give location) 9221 Waldorf Dr Hathaway Hills	
3. NAME OF DECEASED a. (First) Arvey (Type or Print)			b. (Middle) R. c. (Last) Koetter
4. DATE OF DEATH March 2 1952		5. SEX Male	
6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH April 28 1901		9. AGE (In years last birthday) 50 IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS: Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Inspector		10b. KIND OF BUSINESS OR INDUSTRY American Thermometer	
11. BIRTHPLACE (State or foreign country) St. Louis Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Henry H. Koetter		13b. MOTHER'S MAIDEN NAME Caroline Kastien	
14. NAME OF HUSBAND OR WIFE Mrs Anna Koetter		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. 489-01-9261		17. INFORMANT'S SIGNATURE OR NAME Mrs Anna Koetter ADDRESS 9221 Waldorf Dr	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute leukemia 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.	
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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
22. I hereby certify that I attended the deceased from 2/23 1952 , to 2/2 1952 , that I last saw the deceased alive on 3/2 1952 , and that death occurred at 6 A. m. , from the causes and on the date stated above.		21f. HOW DID INJURY OCCUR? 204.3	
23a. SIGNATURE Dr. L. Mistachin (Degree or title) MD		23b. ADDRESS 3903 Olive	
23c. DATE SIGNED 3/4/52		24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	
24b. DATE March 5 1952		24c. NAME OF CEMETERY OR CREMATORY St. Peter's Cemetery	
24d. LOCATION (City, town, or county) (State) St. Louis Co Mo		25. FUNERAL DIRECTOR'S SIGNATURE Calvin F Foutz ADDRESS 4828 Nat Bridge Blvd	
DATE REC'D BY LOCAL REG. MAR 4 1952		REGISTRAR'S SIGNATURE Carl Smith MD	

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

(Licensed Embalmer's Statement on Reverse Side)

10-18-11
11:00 AM
Tuesday

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.

Student
Student Embalmer

Signed John A. M... ..
Licensed Embalmer No. 4186

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.