

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40401**
Registrar's No. **10095**

FILED DEC 2 1952

BIRTH NO. _____ 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	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis	c. LENGTH OF STAY (in this place) OR life	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis 2229	
d. FULL NAME OF HOSPITAL OR INSTITUTION City Hospital		d. STREET ADDRESS (If rural, give location) 22 2653 Caroline St	

3. NAME OF DECEASED (Type or Print) a. (First) Jewel b. (Middle) Rose c. (Last) Koehler			4. DATE OF DEATH (Month) (Day) (Year) Nov 2 1952		
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5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH March 29 1929		9. AGE (In years last birthday) Months Days Hours Min. 23	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) At St Louis Mo		12. CITIZEN OF WHAT COUNTRY? USA	
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13a. FATHER'S NAME E. nest Koehler		13b. MOTHER'S MAIDEN NAME Annie Bamberger		14. NAME OF HUSBAND OR WIFE X	
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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.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Annie Koehler - 2653 Caroline St	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) hypostatic pneumonia of 60% of body; suffered when due to (b) discarded clothing because ignited while burning due to (c) rubbish in rear of home II. OTHER SIGNIFICANT CONDITIONS at 2633a Caroline on Oct 21 Conditions contributing to the death but not related to the disease or condition causing death. 1952 at about 12:50 pm			INTERVAL BETWEEN ONSET AND DEATH 30 hours	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION accident		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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21a. ACCIDENT SUBJECT OR HOMICIDE (Specify) accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) yard		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St Louis Mo 000	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Oct 21 5:21 p			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? E9160	
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **5:20 p.m.**, from the causes and on the date stated above. **10**

22a. SIGNATURE (Degree or title) Patrick E. Taylor Coroner		23b. ADDRESS 7300 Clark		23c. DATE SIGNED 11. 3. 52	
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE Nov 4 1952		24c. NAME OF CEMETERY OR CREMATORY St Mathew Cemetery		24d. LOCATION (City, town, or county) (State) St Louis Missouri	
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DATE REC'D BY LOCAL REG. NOV 3 1952		REGISTRAR'S SIGNATURE Carl Smith Mo		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J L Ziegenhein & Sons 7027 Gravois	
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFAADING 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed B. P. Kidwell

Licensed Embalmer No. 3877

P. O. Address 7027 Gravois

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.