

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3365

State File No.

JAN 28 1953

318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 0200

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		State File No. _____		Registrar's No. _____					
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</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>			2169				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST ANTHONY HOSPITAL</u>				d. STREET ADDRESS (If rural, give location) <u>16 3558 CRITTENDEN ST</u>									
3. NAME OF DECEASED (Type or Print) a. (First) <u>HERBERT</u>			b. (Middle) <u>A</u>			c. (Last) <u>KOERNER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JAN 7 1953</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>APRIL 6 - 1890</u>		AGE (In years last birthday) <u>62</u>		IF UNDER 1 YEAR Months Days		IF UNDER 6 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>DRUGGIST</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>RETIRED</u>				11. BIRTHPLACE (State or foreign country) <u>CLEVELAND OHIO</u>		12. CITIZEN OF WHAT COUNTRY? _____			
13a. FATHER'S NAME <u>ALFRED KOERNER</u>				13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>				14. NAME OF HUSBAND OR WIFE <u>MAE KOERNER</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____			16. SOCIAL SECURITY NO. <u>353-03-9930</u>			17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Mae Koerner 3558 Crittenden</u>							
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, asphemia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>HYPERTENSIVE CARDIO-VASCULAR DISEASE WITH DECOMPENSATION</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>ARTERIOSCLEROSIS GENERALIZED</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>1) NEPHROSCLEROSIS 2) LUES CHRONIC</u>								INTERVAL BETWEEN ONSET AND DEATH <u>UNK.</u> <u>UNK.</u> <u>UNK</u>			
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? <u>443XB</u>									
22. I hereby certify that I attended the deceased from <u>11-14 - 1950</u> , to <u>1-7 - 1953</u> , that I last saw the deceased alive on <u>7 JAN, 1953</u> , and that death occurred at <u>2 A m.</u> , from the causes and on the date stated above.													
23a. SIGNATURE <u>Robert Swarnes</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>818 OLIVE ST ST LOUIS MO</u>				23c. DATE SIGNED <u>8 JAN 53</u>					
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>JAN 10-1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Sunset Burial Park</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Co., Mo.</u>							
DATE REC'D BY LOCAL <u>JAN 8 1953</u>		REGISTRAR'S SIGNATURE <u>Charles Smith MD</u>				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Wm Robert L. + Co 1905 S Grand</u>							

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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Ronald O. Yohke

Licensed Embalmer No. 3957

P. O. Address Illinois

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.