

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30143

FILED AUG 20 1953

State File No.

7166

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY 2209	
b. CITY OR TOWN Saint Louis	c. LENGTH OF STAY (in this place) 10 Years	c. CITY OR TOWN Saint Louis	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION 1516 North Sixteenth Street			
e. STREET ADDRESS 26		(If rural, give location) 1516 N. Sixteenth Street, (Rear)	

3. NAME OF DECEASED (Type or Print) WILLIAM KOEHLER			4. DATE OF DEATH (Month) (Day) (Year) 7 21 53		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH Feb. 9th, 1884		9. AGE (In years last birthday) 69
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tavernkeeper		10b. KIND OF BUSINESS OR INDUSTRY Self	11. BIRTHPLACE (City and State or Foreign Country) Belleville, Illinois		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Unknown	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE
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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. None	17. INFORMANT'S SIGNATURE OR NAME Everett Koehler, 4424 Springdale Drive Berkeley, 31, Mo.
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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) Guns hot wound of skull and brain and liver, when found in the rear of 1421 Cass Ave. just inside the yard opposite 628 am. July 21 1953		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) state the underlying cause last. Whether self inflicted as at the hands of party or parties unknown could not be determined		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION Open Wound		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

21a. PLACE OF INJURY (Specify) Verdict	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) E919.0
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 19

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 6:55 p.m., from the causes and on the date stated above.

25a. SIGNATURE Patrick E. Taylor, Coroner	25b. ADDRESS 1300 Clark	25c. DATE SIGNED 7-23-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 7/24/53	24c. NAME OF CEMETERY OR CREMATORY Bellefontaine Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis, Missouri
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DATE REC'D BY LOCAL REG. JUL 23 1953	REGISTRAR'S SIGNATURE Calvin F. Feutz MD	25. FUNERAL DIRECTOR'S SIGNATURE ALVIN F. FEUTZ, 4828 Natural Bridge Blvd.	ADDRESS
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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.....
Signature of Student Embalmer

Signed *Robert M. Murray*.....

Licensed Embalmer No. *3749*.....

P. O. Address *St. Louis,*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.