

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 181852

FILED JUN 14 1956

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 5141	
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) 2 YEARS		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST LOUIS		2179	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 3038 EADS				d. STREET ADDRESS (If rural, give location) 17 3038 EADS			
3. NAME OF DECEASED (Type or Print) OSCAR		a. (First)		b. (Middle) A		c. (Last) KOENHLER	
4. DATE OF DEATH MAY 27, 1956		5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) NEVER MARRIED	
8. DATE OF BIRTH MARCH 29, 1902		9. AGE (In years) 34		IF UNDER 1 YEAR Months 1 Days 28		IF UNDER 24 HRS. Hours 1 Mins. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) PAINTER House		10b. KIND OF BUSINESS OR INDUSTRY PAINTER		11. BIRTHPLACE (City and State or Foreign Country) 0 SCHLUERSBURG, MISSOURI		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME LOUIS KOENHLER		13b. MOTHER'S MAIDEN NAME ANNA LUETKEMEIER		14. NAME OF HUSBAND OR WIFE _____			
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. 498-01-2265		17. INFORMANT'S SIGNATURE OR NAME Defendant ADDRESS 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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Heart Failure; Left Ventricular Hypertrophy				INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Failure; Left Ventricular Hypertrophy					
		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 434.2				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT (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"/>		21f. HOW DID INJURY OCCUR? _____			
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 2:40 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE James M. Kelly (Degree or title) Emb. 3				23b. ADDRESS 1300 Clark		23c. DATE SIGNED 5.29.56	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE MAY 30, 1956		24c. NAME OF CEMETERY OR CREMATORY EVANGELICAL CEMETERY		24d. LOCATION (City, town, or county) (State) SCHLUERSBURG MO.	
DATE REC'D BY LOCAL REG. MAY 29 1956		REGISTRAR'S SIGNATURE Carl Smith mo		25. FUNERAL DIRECTOR'S SIGNATURE Martin Mueschony ADDRESS Wentzville, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

8961 2 7097
JUL 2 1958

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 _____

BODY WAS NOT EMBALMED
working under my personal supervision.

Student Embalmer No. _____

Student
Student Embalmer

Signed _____

Harold O. Kusler

Licensed Embalmer No. _____

4631

P. O. Address _____

Wentzville, 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.