

FILED JUL 20 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **25075**
Registrar's No. **6365**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 6365		
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 Mo		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN ST. 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 2866 = S. JEFFERSON				e. STREET ADDRESS (If rural, give location) 24 2866 = S. JEFFERSON				
3. NAME OF DECEASED (Type or Print) a. (First) DORA b. (Middle) KOETTKER c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) JULY 4 1956					
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH JULY 2 1889		
9. AGE (In years last birthday) 67		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY AT Home		11. BIRTHPLACE (City and State or Foreign Country) Missouri		
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME WILLIAM GAZZARD		13b. MOTHER'S MAIDEN NAME MINNIE ROSENHORN		14. NAME OF HUSBAND OR WIFE LAWRENCE KOETTKER		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS LAWRENCE KOETTKER 2866 S. JEFFERSON				
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Virus pneumonia DUE TO (b) Asthma + DUE TO (c) Bronchiectasis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. (C)					INTERVAL BETWEEN ONSET AND DEATH 7 days 20 years	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION 492x				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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? _____				
22. I hereby certify that I attended the deceased from 6-22, 1956 , to 7-4, 1956 , that I last saw the deceased alive on 7-4, 1956 , and that death occurred at 4 P m. , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) Eugene H. Esdole M.D.				23b. ADDRESS 4971 Claypena St		23c. DATE SIGNED 7-6-56		
24a. BURIAL, CREMATION REMOVAL (Specify) REMOVAL		24b. DATE JULY 7 1956		24c. NAME OF CEMETERY OR CREMATORY ST. PAUL CHURCHYARD		24d. LOCATION (City, town, or county) (State) ST. LOUIS Co. Mo		
DATE REC'D BY LOCAL REG. JUL 6 1956		REGISTRAR'S SIGNATURE J. Carl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Thomas Rute 2906 Marine				

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

4971
922-3770
Christensen

12-3 P.M. Friday

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 *Lawrence C Hill*

Licensed Embalmer No. *4347*

P. O. Address *2906*

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.