

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

32760

State File No.

FILED OCT 8 1956

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 2180

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u> b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <u>Mehlville</u> c. LENGTH OF STAY (in this place) <u>Visiting</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3945 Cordes Drive</u>		2. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY _____ c. CITY OR TOWN <u>St. Louis</u> d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> e. STREET ADDRESS (If rural, give location) <u>3701a Blow</u>	
3. NAME OF DECEASED (Type or Print) <u>Helen Louise Koran</u> a. (First) <u>Helen</u> b. (Middle) <u>Louise</u> c. (Last) <u>Koran</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 14, 1956</u>	
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>Sept. 12, 1896</u>
9. AGE (In years last birthday) <u>60</u> if UNDER 1 YEAR: Months _____ Days _____ if UNDER 2 HRS.: Hours _____ Min. _____		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Mo.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Fred Behrens</u>	
13b. MOTHER'S MAIDEN NAME <u>Carrie Unk</u>		14. NAME OF HUSBAND OR WIFE <u>Charles Koran</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no none</u>		16. SOCIAL SECURITY NO. <u>Unk</u>	
17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Linda Ellmers 6135 Newport, St. Louis</u>			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion -</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Mitral Regurgitation Heart</u> DUE TO (c) <u>Hypertension</u>	
		INTERVAL BETWEEN ONSET AND DEATH <u>1 hour</u> <u>15 years</u> <u>15 yrs.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		<u>4210</u>	
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 <u>Jan. 15th, 1936</u> , to <u>Sept. 14th, 1956</u> , that I last saw the deceased alive on <u>Sept. 13, 1956</u> , and that death occurred at <u>12:09 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Albert Beisbarth M.D.</u>		23b. ADDRESS <u>3606 Gravois Ave.</u>	
23c. DATE SIGNED <u>9-15-56</u>		_____	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>9-17-56</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>9-15-56</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Dombek M.D.</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Southern Funeral Home</u>		ADDRESS <u>6322 S. Grand Blvd., St. Louis, Mo.</u>	

(Licensed Embalmers' Statement on Reverse Side)

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

S. No. 300
V. 10-48

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 *Harley F. Keller Jr*

Licensed Embalmer No. *495*

P. O. Address *H. 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.