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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-024168
STATE FILE NUMBER

FILED JUN 16 1958 Registration District No. 317 Primary Registration District No. 500 Registrar's No. 1555

1. PLACE OF DEATH
a. COUNTY: St. Louis County
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: ST. LOUIS COUNTY — Inside Limits: Yes ☐ No ☒
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Hall Ferry Mem. Home — Length of stay in 1b: 3 Months

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: ST. LOUIS
c. CITY OR TOWN: 40200 Bellefountain Neighbors — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 1122 Troy Drive — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: John Middle: Aloysius Last: Koehler

4. DATE OF DEATH: Month: June Day: 8 Year: 1958

5. SEX: Male **6. COLOR OR RACE**: White **7. MARRIED** ☒ **NEVER MARRIED** ☐ **WIDOWED** ☐ **DIVORCED** ☐ **8. DATE OF BIRTH**: Nov. 21, 1901 **9. AGE** (In years last birthday): 56 IF UNDER 1 YEAR: Months 6 Days 17 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Bank Clerk
10b. KIND OF BUSINESS OR INDUSTRY: 1St Nat. Bank
11. BIRTHPLACE (City and state or country): St. Louis, Mo.
12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13a. FATHER'S NAME: William Koehler
13b. MOTHER'S MAIDEN NAME: Emma Laffler
14. NAME OF HUSBAND OR WIFE: Eleanor Piggott Keehler

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 497-18-9635-H
17. INFORMANT: Eleanor Koehler Address: 1122 Troy Dr.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Cerebral thrombosis — INTERVAL BETWEEN ONSET AND DEATH: unknown
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Hypertensive Cardiovascular-
DUE TO (c): renal disease 442X — unknown
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Auricular fibrillation, Blind

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from March 22, 1958, to 6/8/58 and last saw him alive on 6/6/58
Death occurred at 11:55 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Lewis Littmann MD
22b. ADDRESS: 8231 Clayton Rd.
22c. DATE SIGNED: 6/10/58

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial **23b. DATE**: 6/12/58 **23c. NAME OF CEMETERY OR CREMATORY**: Resurrection Cemetery **23d. LOCATION** (City, town, or county) (State): St. Louis Co. Mo.

24. FUNERAL DIRECTOR: John H. GEbken Sons ADDRESS: 2630 Gravois
25. DATE RECD. BY LOCAL REG.: 6-10-58
26. REGISTRAR'S SIGNATURE: Herbert R. Domke M.D.

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.
All diseases in Part I must be causally related.

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 .....

Licensed Embalmer No. .....

P. O. Address .....

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.