

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH - 61-006648

318

1003

1278

STATE FILE NUMBER

AMENDED

Registration District No. 201961

Primary Registration District No.

Registrar's No.

DATE AMENDED
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>ST LOUIS</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>ST LOUIS</u>		Length of stay in 1b <u>2 1/2 DAYS</u>	c. CITY OR TOWN <u>ST JOHN</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>ST LUKES HOSPITAL</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>3539 BOSWELL</u>
3. NAME OF DECEASED (Type or print) First Middle Last <u>John AUGUST KOEHLER</u>			4. DATE OF DEATH Month Day Year <u>2 - 6 - 61</u>
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>10-1-1906</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>ENGINEER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>NATKIN & CO</u>	9. AGE (last birthday) <u>54</u>
11. BIRTHPLACE (City and state or country) <u>ST LOUIS MO</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>John Phillip KOEHLER</u>		13b. MOTHER'S MAIDEN NAME <u>WALBURGA HUCK</u>	
14. NAME OF HUSBAND OR WIFE <u>MABLE KOEHLER</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	
16. INFORMANT <u>MABLE KOEHLER 3539 BOSWELL</u>			Address
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>ADENOCARCINOMA OF PANCREAS</u>			INTERVAL BETWEEN ONSET AND DEATH <u>5 MOS.</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.) DUE TO (b) _____ DUE TO (c) <u>157x</u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> N <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>
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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	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 <u>OCT. 1960</u> to <u>FEB. 6, 1961</u> and last saw ^{him} alive on <u>FEB. 6, 1951</u> Death occurred at <u>7:10 P.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>William A. Gray, M.D.</u>		22b. ADDRESS <u>3720 WASHINGTON</u>	22c. DATE SIGNED <u>2/8/61</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>2-9-61</u>	23c. NAME OF CEMETERY OR CREMATORY <u>MOUNT LEBANON</u>	23d. LOCATION (City, town, or county) (State) <u>ST ANN, MO</u>
24. FUNERAL DIRECTOR <u>EARL HILLEMAR</u>		ADDRESS <u>OVERLAND MO</u>	25. DATE RECD. BY LOCAL REG. <u>FEB 8 1961</u>
26. REGISTRAR'S SIGNATURE <u>Loan Smith, M.D.</u>			

39720 Washington
Roemer #10

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 Earl P. Hillman

Licensed Embalmer No. 3501

P. O. Address Oreland 14

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.