

CERTIFICATE OF DEATH

1003

9856

Registration District No. **318** Primary Registration District No.

Registrar's No.

DO NOT WRITE ON THIS STUB

VS 300
Rev. 1/68

DECEASED—NAME FIRST MIDDLE LAST		SEX	DATE OF DEATH (MONTH, DAY, YEAR)			
1. George Koertel		2. Male	3. Oct 18, 1968			
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)	AGE—(LAST BIRTHDAY) (YEARS) MOS. DAYS	UNDER 1 DAY HOURS MIN.	DATE OF BIRTH (MONTH, DAY, YEAR)	COUNTY OF DEATH		
4. White	5a. 76	5b.	6. Feb 27, 1892	7a.		
CITY, TOWN, OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)				
7b. St. Louis		7d. St Lukes Hosp				
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)	CITIZEN OF WHAT COUNTRY	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)			
8. Missouri	9. U.S.A.	10. Widowed	11.			
SOCIAL SECURITY NUMBER	USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)	KIND OF BUSINESS OR INDUSTRY				
12. 409-03-6129	13a. retired	13b. Liberty Bell Oil Co.				
RESIDENCE—STATE	COUNTY	CITY, TOWN, OR LOCATION	INSIDE CITY LIMITS (SPECIFY YES OR NO)	STREET AND NUMBER		
14a. Missouri	14b.	14c. St. Louis	14d. yes	14e. 3917 Federer Place		
FATHER—NAME FIRST MIDDLE LAST		MOTHER—MAIDEN NAME FIRST MIDDLE LAST				
15. John Koertel		16. Eliza				
INFORMANT—NAME		MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)				
17a. George W. Koertel		17b. 8926 Manda Lane St. Louis, Mo. 63126				
PART I. DEATH WAS CAUSED BY:		[ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
18. IMMEDIATE CAUSE						
(a) Acute Myocardial Infarction sudden						
DUE TO, OR AS A CONSEQUENCE OF:						
(b) Coronary Arteriosclerosis 3 yrs.						
DUE TO, OR AS A CONSEQUENCE OF:						
(c)						
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)				AUTOPSY (YES OR NO)	IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH	
Diabetes Mellitus				19a. NO	19b.	
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)	DATE OF INJURY (MONTH, DAY, YEAR)	HOUR	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)			
20a.	20b.	20c.	20d.			
INJURY AT WORK (SPECIFY YES OR NO)	PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)	LOCATION	[STREET OR R.F.D. NO., CITY OR TOWN, STATE]			
21a.	21b.	21c.	21d.			
CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM	MONTH DAY YEAR	MONTH DAY YEAR	AND LAST SAW HIM/her ALIVE ON	I DID/DID NOT VIEW THE BODY AFTER DEATH.	DEATH OCCURRED (HOUR, MIN.)	AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED.
21b. July 1956 TO	21c. 10 18 68	21d. 10 2 68	21e. 10 2 68	21f. 10 18 68	21g. 11 45 AM	21h.
CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.		HOUR OF DEATH	THE DECEDENT WAS PRONOUNCED DEAD	MONTH DAY YEAR	HOUR	
22a.		22b.	22c.	22d.	22e.	22f.
CERTIFIER—NAME (TYPE OR PRINT)	SIGNATURE		DEGREE OR TITLE	DATE SIGNED (MONTH, DAY, YEAR)		
23a. Robert W. Kelley	23b. [Signature]		23c. MO	23d. 10/18/68		
MAILING ADDRESS—CERTIFIER		STREET OR R.F.D. NO.	CITY OR TOWN	STATE	ZIP	
23a.		23b.	23c.	23d.	23e.	
BURIAL, CREMATION, REMOVAL (SPECIFY)	CEMETERY OR CREMATORY—NAME		LOCATION CITY OR TOWN STATE			
24a. Entombment	24b. Oak Grove Mausoleum		24c. St. Louis County, Mo.			
DATE (MONTH, DAY, YEAR)	FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)					
25a. Oct 21, 1968	25b. John L. Ziegenhein and sons 7027 Gravois St. Louis, Mo. 63116					
FUNERAL DIRECTOR—SIGNATURE	REGISTRAR—SIGNATURE	DATE RECEIVED	OFFICIAL REGISTRAR			
26a. [Signature]	26b. [Signature]	26c. 10 19 1968	26d. [Signature]			

DECEASED

USUAL RESIDENCE WHERE DECEASED LIVED, IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

PARENTS

CAUSE

CERTIFIER

URIA

Type or print in PERMANENT BLACK INK. See handbook for instructions.

9. 0
10a. 76
10b.
11. 0
12. 2
13. 4109
14.
15. 4
16.
17.
18. 0
19. CREDITS
20.

2019C

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 *DE Bury*

Licensed Embalmer No. 4867

P. O. Address *W. J. ...*

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.