

FILED JUL 22 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24970

State File No.

1003 Registrar's No. 6127

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 6127									
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 town) OR TOWN St. Louis				c. LENGTH OF STAY (In this place)				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2109							
d. FULL NAME OF HOSPITAL OR INSTITUTION 4028 Sullivan				d. STREET ADDRESS (If rural, give location) 4028 Sullivan Ave											
3. NAME OF DECEASED (Type or Print) a. (First) John			b. (Middle) Koertel			c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) July 14 1950						
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH April 12 1886		9. AGE (In years last birthday) 64		IF UNDER 1 YEAR Months 3		IF UNDER 24 HRS. Days 2			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cabinet Maer				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (State or foreign country) St. Louis MO		12. CITIZEN OF WHAT COUNTRY? U.S.A.					
13a. FATHER'S NAME John Koertel				13b. MOTHER'S MAIDEN NAME Eliza Leich				14. NAME OF HUSBAND OR WIFE Florence Koertel							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)				16. SOCIAL SECURITY NO.				17. INFORMANT'S SIGNATURE OR NAME Mrs. Florence Koertel				ADDRESS 4028 Sullivan Ave.			
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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Occlusion ANTECEDENT CAUSES none Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) none DUE TO (c) none II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none								INTERVAL BETWEEN ONSET AND DEATH one week			
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) 4201									
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.				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 July 7, 1950, to July 14, 1950, and that death occurred at 8 A.M., from the causes and on the date stated above.															
23a. SIGNATURE Nathaniel DeShay M.D. (Degree or title)						23b. ADDRESS 2739 7th Street Ave			23c. DATE SIGNED 7/17/50						
24a. BURIAL, CREMATION, REMOVAL (Specify) Mausoleum		24b. DATE July 17 1950		24c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery		24d. LOCATION (City, town, or county) St. Louis, CO, MO		(State)							
DATE REC'D BY LOCAL REG. JUL 17 1950		REGISTRAR'S SIGNATURE J. B. Parolan				25. FUNERAL DIRECTOR'S SIGNATURE Calvin F. Feutz						ADDRESS 4828 Nat Bridge Blvd			

(Licensed Embalmer's Statement on Reverse Side)

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

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
Student Embalmer

Signed Ralph C. Linders

Licensed Embalmer No. 4275

P. O. Address St. Louis, Mo.

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 this body is not embalmed, fact should be so stated above.