

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

16407
 Do not use this space.

REC'D MAY 24 1939

1. PLACE OF DEATH 2
 (a) County Warren Registration District No. 881
 (b) Township Camp Branch Primary Registration District No. 6175
 (c) City _____ (d) Street No. _____ Registered No. 22
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Frederick W. Koehler
 (a) Residence, No. _____ St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Mary Fusz

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 4, 1860

7. AGE YEARS 79 MONTHS 2 DAYS 18 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 6

FATHER 13. NAME William F. Koehler 6

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 6

MOTHER 15. MAIDEN NAME Marie Mischelfelder 6

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Mrs. Fred W. Koehler
Warrenton, Mo. R.F.D.

18. BURIAL, CREMATION, OR REMOVAL PLACE Warrenton, Mo. DATE April 24, 39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) F.W. Nieburg & Son
Warrenton, Mo.

20. FILED April 26, 1939 A. W. Gehring
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 22, 1939

22. I HEREBY CERTIFY, That I attended deceased from April 1939, 1939, to 4/22, 1939
 I last saw h. alive on 4/21, 1939. Death is said to have occurred on the date stated above, at 7:15 a.m.

The principal cause of death and related causes of importance were as follows:
Prostate hypertrophy 121

Date of onset 1930.

Other contributory causes of importance:
Cardio vascular urinary disease
Chr. pyelitis, hypertension
uremia

Name of operation None Date of _____
 What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify Charles L. Garcia, M. D.
 (Signed) Warrenton, Mo
 (Address) 802

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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, ~~on~~

....., Registered Apprentice No.....
working under my personal supervision.

Signed *John F. Neerburg*

Licensed Embalmer No. *3897*

P. O. Address *Warrenton, 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, above space should be left blank.