

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

FILED FEB 24 1942

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 10447

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4349 Swan Ave. /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4349 Swan Ave.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 29th
year 1941 hour 5:30 minute P.M. M.

21. I hereby certify that I attended the deceased from February
16, 1939 to Dec. 29, 1941
that I last saw him alive on Dec. 27, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Coronary Thrombosis Sudden
Due to Coronary Sclerosis ?
Chronic myocarditis ?
Due to Arteriosclerosis ?

Other conditions _____
(Include pregnancy within 3 months of death)
Major findings: _____
Of operations No
Of autopsy No
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

(Specify type of place) _____
While at work? _____ (e) Means of injury 2
23. Signature A. J. Kotkis (M. D. or other) _____
Address 462 N. Taylor Date signed 12/30/41

3. (a) PRINT FULL NAME John Exler
3. (b) If veteran, name war None
3. (c) Social Security No. None

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced / Married
6. (b) Name of husband or wife Louise F. Exler
6. (c) Age of husband or wife if alive 80 years
7. Birth date of deceased Feb. 3rd 1856
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
80 10 26 hr. min.

9. Birthplace Covington / Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation Liggett & Myers Co.

11. Industry or business retired laborer

MOTHER FATHER { 12. Name Anton Exler
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Agnes Unknown
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Louise F. Exler
(b) Address 4349 Swan Ave.

17. (a) Burial (b) Date thereof 1-2-42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Peter & Paul

18. (a) Signature of funeral director Kriegshausler Mortuar
(b) Address 4228 So. Kingshighway Blvd.

19. (a) DEC 30 1941 (b) J. F. Budeck
(Date received local registrar) (Registrar's signature)

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

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Handwritten signature/initials

Dr. A.J. Kotkis
Pasteur Bldg.

223010
1-3

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

Signed Reinhold F. Lehmann

Licensed Embalmer No. 3395

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