

FILED MAR 24 1947

318

1003

State File No.

2474

Registrar's No.

1. PLACE OF DEATH:
 (a) County St. Louis
 (b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. John's Hospital
(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 Missouri (b) County 000
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 2916 Victor St.
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME INFANT KOELN - Lion # 1
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month March day 9
 year 1947 hour 2 minute 45 PM
 21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
 that I last saw h_____ alive on _____, 19____;
 and that death occurred on the date and hour stated above.
 Immediate cause of death:
Apoplexy

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Single
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased March 9 1947
(Month) (Day) (Year)

Due to Prematurity and Pyelonephritis
 Other conditions _____
(Include pregnancy within 3 months of death)
 Major findings:
 Of operations _____
 Of autopsy _____
 Duration 3 hrs 45 min

8. AGE:	Years	Months	Days	If less than one day
				<u>4</u> hr. <u>15</u> min.

9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Nil

11. Industry or business _____

MOTHER FATHER
 { 12. Name Marvin Koeln
 { 13. Birthplace St. Louis Mo
(City, town, or county) (State or foreign country)
 { 14. Maiden name Bernice Bryson
 { 15. Birthplace West Plains Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Peter Koeln
 (b) Address 5044 Alabama Ave.

17. (a) Burial (b) Date thereof Mar 10 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director C. Hoffmeister Colonial
 (b) Address 6464 Chippewa St.

19. (a) MAR 10 1947 (b) J. F. Bruders
(Date received local registrar) (Registrar's signature)

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? _____

Mort
 While at work? _____ (Specify type of place)
 Means of injury _____
 23. Signature Henry H. Jango (M. D. or other) _____
 Address 694 N Grand Date signed _____

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

