

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

Do not use this space.

1927

**1. PLACE OF DEATH**

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City St. Louis (No. 6126)

Wagner Ave

File No. ....

Registered No. **3554**

St. .... Ward

**2. FULL NAME**

Irene A. Koller

(a) Residence. No. 6126 Wagner Ave. 5 Ward.

(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Widow (write the word)

5A. If MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF Chas. C. Koller

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 5 - 1860

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day,	
				hrs.	or min.
	<u>67</u>	<u>1</u>	<u>7</u>		

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work at home  
 (b) General nature of industry, business, or establishment in which employed (or employer) —  
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Greenville  
 (STATE OR COUNTRY) Illinois

10. NAME OF FATHER Lyons Dinsmore

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Marietta  
 (STATE OR COUNTRY) Ohio

12. MAIDEN NAME OF MOTHER Martha White

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Boston  
 (STATE OR COUNTRY) Mass.

14. INFORMANT Charles R. Roney  
 (Address) 3658 Flad Ave

15. FILED 13 1927 Mar 6 Starnoff  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 12, 1927

17. I HEREBY CERTIFY, That I attended deceased from Feb 5, 1927 to April 12, 1927 that I last saw him alive on April 12, 1927, and that death occurred, on the date stated above, at 1:00 A.M.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

myocarditis with arterial fibrillation chronic  
1930  
9812 (duration) yrs. 3 mos. ds.

CONTRIBUTORY (SECONDARY) POB yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH.....

0 DID AN OPERATION PRECEDE DEATH? No DATE OF.....

0 WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS Clinical signs  
 (Signed) Owille O White, M. D.

April 12, 1927 (Address) 1344a 16th Street

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Oak Grove DATE OF BURIAL 4-15-1927

20. UNDERTAKER Wagoner ADDRESS 3621 Olive

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

