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.

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

Do not use this space.

28899

1. PLACE OF DEATH

County........ Registration District No. 791 File No. ....

Township........ Primary Registration District No. 1003 Registered No. 8403

City........ (No. 5845 Natada St. .... Ward)

2. FULL NAME Mary E. Koeller

(a) Residence. No. 5845 Natada St. 6 Ward. (Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 80 yrs. mos. ds. How long in U.S., if of foreign birth? 80 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Frank F. Koeller

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 12-12-1837

7. AGE

YEARS	MONTHS	DAYS	IF LESS than 1 day, ...hrs. or ......min.
90	8	4	

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) .... (STATE OR COUNTRY) Holland

PARENTS

10. NAME OF FATHER A. J. Heilveld

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT John Koeller
(Address) 5845 Natada Ave

15. Filed AUG 18 1928, 19.. Mary C. Parker Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 16 1928

17. I HEREBY CERTIFY, That I attended deceased from Aug 15, 1928, to Aug 16, 1928, that I last saw her alive on Aug 16, 1928, and that death occurred, on the date stated above, at 0.00 .m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic myocarditis (duration) 10 yrs. to my knowledge mos. ds.

CONTRIBUTORY (SECONDARY) Arterio Sclerosis (duration) ....yrs. ....mos. ....ds.

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

DID AN OPERATION PRECEDE DEATH?........ DATE OF........

WAS THERE AN AUTOPSY?........

WHAT TEST CONFIRMED DIAGNOSIS?........

(Signed) Theo W. Engelman, M. D.

8/16, 1928 (Address) 5043 Vernon

*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 St. Peters Cem. DATE OF BURIAL 8/20 1926

20. UNDERTAKER W. A. Stock U. Co. ADDRESS 7117 E. Grand