

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

Do not use this space.

6320

1. PLACE OF DEATH

County St. Francois
Township Wellington
City Wellington (No.)

Registration District No. 466
Primary Registration District No. 9279

File No.
Registered No. 47
St. Ward)

2. FULL NAME

Anna Mary Koelmel

(a) Residence, No. St. Ward.
(Usual place of abode)

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 20, 1849</u>		
7. AGE	YEARS <u>83</u>	MONTHS <u>8</u>
	DAYS <u>8</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>	11. Total time (years) spent in this occupation
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Charles, Missouri</u>		
FATHER	13. NAME <u>Ferdinand</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
MOTHER	15. MAIDEN NAME <u>Paula</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
17. INFORMANT (ADDRESS) <u>Miss Ann Koelmel, Wellington, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Wellington, Mo.</u> DATE <u>Mar 2, 1933</u>		
19. UNDERTAKER (ADDRESS) <u>W. B. Watts, Wellington, Mo.</u>		
20. FILED <u>Feb 28, 1933</u> <u>W. B. Watts</u> Registrar.		

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 28, 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 17th 1933 to Feb 28, 1933
I last saw her alive on Feb 28, 1933. Death is said to have occurred on the date stated above, at 1:50 a.m.
The principal cause of death and related causes of importance were as follows:
Influenza
Other contributory causes of importance:
IB

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

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?

If so, specify R. B. Watts, M. D.
(Signed) W. B. Watts (Address) Wellington, Mo.

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.

1933

