JUN 26 1936

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

Do not use this space.

20607

1. PLACE OF DEATH
County St Louis — Registration District No. 789 — File No.
Township Brentwood — Primary Registration District No. 6033 — Registered No. 161
City ..... (No. ....., ... St. ..... Ward)

Central

2. FULL NAME Charles F. Koelling
(a) Residence, No. 8846 Lawn Ave. St. ..... Ward. Brentwood Mo.
(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

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Anna M. Koelling

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April 26-1861

7. AGE: YEARS 75 — MONTHS 1 — DAYS 0 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Watchman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Texaco Warehouse
10. Date deceased last worked at this occupation (month and year): 1924
11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

FATHER
13. NAME: Fred Koelling
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER
15. MAIDEN NAME: Hogl
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): Carl F. Koelling, 8846 Lawn Ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE New St Marcus DATE 5-29 1936

19. UNDERTAKER (ADDRESS): Peets Bros. 3024 St Fayette

20. FILED 5-27 1936 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 5-26 1936

22. I HEREBY CERTIFY, That I attended deceased from May 15 1936, to May 26, 1936
I last saw him alive on May 25, 1936. Death is said to have occurred on the date stated above, at 9 50 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Dilatation	5/6/36
Angina Pectoris	

Other contributory causes of importance:
Arteriosclerosis Acute Pulmonary Edema

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

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 .....
(Signed) W. F. O'Malley, M. D.
(Address) Coeur de Grove 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.

Rep. 0147

671 E. Big Bend