

FEB 16 1938

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

4076
Do not use this space.

1. PLACE OF DEATH
(a) County St. Louis Registration District No. 1170
(b) Township Jefferson Primary Registration District No. 6248-H Registered No. 256
(c) City Richmond Heights (d) Street No. St. Mary's Hospital (If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Fred Henry Koelling 452
(a) Residence, No. (Usual place of abode, if no street address, write county or city) NR Pershing, Missouri (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS				
3. SEX Male	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Elizabeth Koelling				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 3, 1873				
7. AGE	YEARS 64	MONTHS 7	DAYS 0	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer			
	9. Industry or business in which work was done, as saw mill, bank, etc.			
	10. Date deceased last worked at this occupation (month and year) 11/25/37			
				11. Total time (years) spent in this occupation 40 yrs.
12. BIRTHPLACE (CITY OR TOWN) <u>Pershing</u> (STATE OR COUNTRY) <u>Missouri</u>				
FATHER	13. NAME <u>Herman Koelling</u>			
	14. BIRTHPLACE (CITY OR TOWN) <u>Germany</u> (STATE OR COUNTRY)			
MOTHER	15. MAIDEN NAME <u>Unknown</u>			
	16. BIRTHPLACE (CITY OR TOWN) <u>Germany</u> (STATE OR COUNTRY)			
17. INFORMANT <u>Elizabeth Koelling</u> (ADDRESS) <u>Pershing, Missouri</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Pershing, Mo.</u> DATE <u>12/7/1937</u>				
19. FUNERAL DIRECTOR <u>Albert H. Hoppe, Inc.</u> (ADDRESS) <u>429 N. Euclid Avenue</u>				
20. FILED <u>Dec 6 1937</u> <u>Wm. A. Bassett</u> Local Registrar.				

MEDICAL CERTIFICATE OF DEATH	
21. DATE OF DEATH (MONTH, DAY, AND YEAR)	<u>Dec 3 1937</u>
22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.	
I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at <u>1:55 p.m.</u>	
The principal cause of death and related causes of importance were as follows:	
<u>Injury from cutting instrument (corn husking machine)</u>	
Date of onset	<u>11/29/37</u>
Other contributory causes of importance: <u>Pulmonary embolism following amputation of left forearm</u>	
Name of operation	<u>Amputation</u> Date of <u>11/29/37</u>
What test confirmed diagnosis? <u>Physical</u> Was there an autopsy? <u>Yes</u>	
23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? <u>Accident</u> Date of injury <u>11/29/1937</u>	
Where did injury occur? <u>Pershing, Mo.</u> (Specify city or town, county, and State)	
Specify whether injury occurred in industry, in home, or in public place. <u>Public Place</u>	
Manner of injury <u>Caught left hand in corn husking machine</u>	
Nature of injury <u>fracture amputation machine of left forearm</u>	
24. Was disease or injury in any way related to occupation of deceased? <u>Yes</u>	
If so, specify _____	
(Signed) <u>Wm. A. Bassett</u>	(Address) <u>Parsons, St. Louis Co.</u>

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____

hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____

_____ L. E. _____

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

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CERTIFICATE OF DEATH**

Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 1170
 (b) Township Jefferson Primary Registration District No. 6248-H Registered No. 256
 (c) City Richmond Heights, Mo. (d) Street No. St. Marys Hospite 1 St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Fred Henry Koelling

(a) Residence, No. _____ St. NR Pershing, Missouri
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS				
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Elizabeth Koelling</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 3rd, 1873</u>				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>64</u>	<u>7</u>	<u>0</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Farmer</u>			
	9. Industry or business in which work was done, as saw mill, bank, etc.			
	10. Date deceased last worked at this occupation (month and year) <u>1/25/37</u>			
	11. Total time (years) spent in this occupation <u>40 Yrs.</u>			
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Pershing, Missouri</u>				
FATHER	13. NAME <u>Herman Koelling</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>			
MOTHER	15. MAIDEN NAME <u>Unknown</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>			
17. INFORMANT (ADDRESS) <u>Elizabeth Koelling Pershing, Missouri</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Pershing, Mo.</u> DATE <u>December 7, 1937</u>				
19. FUNERAL DIRECTOR (ADDRESS) <u>Albert H. Hoop Inc., 429 N. Euclid Avenue</u>				
20. FILED <u>Dec. 6, 1937</u> <u>Sam W. Bassett</u> Local Registrar.				

MEDICAL CERTIFICATE OF DEATH	
21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>December 3rd, 1937</u>	
22. I HEREBY CERTIFY That I attended deceased from <u>Nov 29, 1937</u> , to <u>Dec 3, 1937</u> I last saw him alive on <u>Dec 3, 1937</u> Death is said to have occurred on the date stated above, at <u>1:00 P.M.</u> The principal cause of death and related causes of importance were as follows: <u>Embolism</u> <u>following</u> <u>operative</u> <u>operation left forearm</u> <u>with fracture</u> (Other contributory causes of importance: _____) 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 _____ 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) <u>[Signature]</u> (Address) <u>University Club Bldg.</u>	

1938
S-4076

STATEMENT BY LICENSED EMBALMER

I, Albert G. Hoppe, Licensed Embalmer No. 297R

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

..... L. E.

No. or by Registered Apprentice No.
working under my personal supervision.

Signed Albert G. Hoppe
Licensed Embalmer No. 2971

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)