

AUG 25 1940

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 6143

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
4501 Harris Ave  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution None  
(Specify whether  
In this community Birth  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4501 Harris Ave  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Emma D. Koeller 160

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife John Koeller 6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased November 12, 1866  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
73 8 9 hr. min.

9. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business \_\_\_\_\_

12. Name Henry Feldmueller 6

13. Birthplace Germany  
(City, town, or county) (State or foreign country)

14. Maiden name Henrietta Kiegeland 6

15. Birthplace Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant Mr John Koeller

(b) Address 4501 Harris Ave

17. (a) Burial (b) Date thereof 7/24/40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peters Cemetery

18. (a) Signature of funeral director Math Hermann & Son

(b) Address 2161 East Fair Ave

19. (a) Jul 23 1940 (b) J. F. Credick  
(Date received final report) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 21  
year 1940 hour 11:45 AM minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from 5/28/40  
19\_\_\_\_ to 7/21 1940

that I last saw her alive on July 21 1940:  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage 10 min  
Due to Cerebral arterial sclerosis year

Other conditions Diabetes Mellitus  
(Include pregnancy within 3 months of death)  
Acute otitis media (Rt.)  
Major findings: Rt ear drum in -  
Ceal.  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

23. Signature John Hammond (M. D. or other) M. D.

Address 634 N. Grand Date signed 7/22/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No. ....

working under my personal supervision.

Signed *William G. Buchhe*

Licensed Embalmer No. *2118*

P. O. Address *St. Louis, Mo.*

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

**If this body is not embalmed, above space should be left blank.**