

FILED MAY 1 1941 791

Registration District No.

Primary Registration District No.

Registrar's No.

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:  
Lutheran Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
(Specify whether  
In this community.....  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Mo. (b) County..... St. Louis  
(c) City or town..... Maplewood  
(If outside city or town limits, write "RURAL")  
(d) Street No. 7422a Maple Ave.  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME Alvin H. Koelling

3. (b) If veteran, name war World War 3. (c) Social Security No.....

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

6. (b) Name of husband or wife Augusta Koelling 6. (c) Age of husband or wife if alive abt 50 years

7. Birth date of deceased Nov. 9th 1889  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
52 5 21 ..hr. ....min.

9. Birthplace St. Charles County Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Electrician

11. Industry or business Landis Shoe Machine Co.

12. Name John A. Koelling

13. Birthplace St. Charles County Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name Laura Blesse

15. Birthplace St. Charles County Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Augusta Koelling

(b) Address 7422a Maple Ave.

17. (a) Burial (b) Date thereof 5-4-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Kriegshausler Mortuaries

(b) Address 4228 So. Kingshighway Blvd.

19. (a) MAY 9 10 2 (b) J. F. Busch  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 30th  
year 1942 hour 11:22 minute P.M. M.

21. I hereby certify that I attended the deceased from Oct 21  
1941, to 4-30 1942  
that I last saw him alive on 4-30 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death High blood pressure  
Both from arteriosclerosis  
and from  
coronary artery  
each  
Due to.....  
Due to.....

Other conditions.....  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations.....

Of autopsy.....

Duration

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 Wm B. Koutch (M. D. or other)  
Address 4500 Olive Date signed 5-1-42

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

MOTHER FATHER

Mr. Wm. Hensley  
4500 Olive  
F0:3800 1-3

**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 Edurn A. Mc Dermott

Licensed Embalmer No. 3024

P. O. Address.....

**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, fact should be so stated above.**