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Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED AUG 21 1942

Registration District No. 77

Primary Registration District No. 3016

Registrar's No. 186

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

1. PLACE OF DEATH:

(a) County Cole

(b) City or town Jefferson City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Mary's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day (Specify whether
In this community 1 day
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Callaway 14

(c) City or town Cedar City 0
(If outside city or town limits, write "RURAL") 0

(d) Street No. No (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME Mrs. Grace Koelling

3. (b) If veteran, name war _____

3. (c) Social Security No. 490-09-4698

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 12 year 1942 hour 8 minute 45 M.

21. I hereby certify that I attended the deceased from July 1937 to Aug 17 1942
that I last saw her alive on Aug 17 1942
and that death occurred on the date and hour stated above.

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

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

7. Birth date of deceased: May 20 1898
(Month) (Day) (Year)

Immediate cause of death Pulmonary Embolism

Due to Thrombosis in old auricular fibrillation 1 year

Due to Thyrototoxic heart disease 5 years

Other conditions (Include pregnancy within 3 months of death)

Major findings of operations Recurrent Thyroid growth suspect Carcinoma

Of autopsy 111a

8. AGE:	Years	Months	Days	If less than one day
	<u>44</u>	<u>2</u>	<u>23</u>	hr. min.

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

10. Usual occupation Housewife

11. Industry or business "

MOTHER FATHER

12. Name George Roedel

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

14. Maiden name Elizabeth Roedel Steinmetz

15. Birthplace Gasconade Co. Mo. (City, town, or county) (State or foreign country)

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Frederick Koelling

(b) Address Cedar City, Missouri

17. (a) Bruail (Burial, cremation, or removal) (b) Date thereof Aug-14-1942 (Month) (Day) (Year)

(c) Place: burial or cremation River View Cemetery

18. (a) Signature of funeral director Wm J Gordon

(b) Address Jefferson City, Missouri

19. (a) 8-14-42 (Date received local registrar) (b) Alma Richter (Registrar's signature)

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? _____

(Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature J A Osman (M. D. or other) MD

Address Jefferson City Mo Date signed 8-13-42

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.....

Louis Duest
Licensed Embalmer No. 4096

P. O. Address. Jefferson

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.