

10 OCT 28 1942

318

Registration District No. .... Primary Registration District No. **1003** .....

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: **City Hospital #10**  
(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.....  
 (c) City or town **St. Louis**  
(If outside city or town limits, write "RURAL")  
 (d) Street No. **4408 Delmar Ave.**  
(If rural, give location)  
 (e) Citizen of foreign country?..... (Yes or No)  
 If yes, name country.....

3. (a) PRINT FULL NAME **Mary Jane Koller**  
 3. (b) If veteran, name war **None**..... 3. (c) Social Security No.....

4. Sex **Female**..... 5. Color or race **White**.....  
 6. (a) Single, widowed, married, divorced **Married**  
 6. (b) Name of husband or wife **William A. Koller**  
 6. (c) Age of husband or wife if alive **55** years  
 7. Birth date of deceased **Jan. 24th 1906**  
(Month) (Day) (Year)

8. AGE: Years **36** Months **8** Days **21** If less than one day  
hr. min.

9. Birthplace **Flora Illinois**  
(City, town, or county) (State or foreign country)  
 10. Usual occupation **Cleaning Plant Worker**

11. Industry or business.....  
 12. Name **Jonah Haynes**  
 13. Birthplace **Flora Illinois**  
(City, town, or county) (State or foreign country)  
 14. Maiden name **Laura Manning**  
 15. Birthplace **Flora Illinois**  
(City, town, or county) (State or foreign country)

16. (a) Informant **William A. Koller**  
 (b) Address **6349 N. Roseburg Clayton Mo.**  
 17. (a) **Burial**..... (b) Date thereof **10-17-42**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation **Memorial Park**

18. (a) Signature of funeral director **Kriegshauser Mortuaries**  
 (b) Address **4228 So. Kingshighway Blvd.**  
 19. (a) **OCT 16 1942**..... (b) **J. F. Bredbeck**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct.** day **15th**  
 year **1942** hour **10:25 P.M.** minute **.....** .M.

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....;  
 that I last saw h..... alive on....., 19.....,  
 and that death occurred on the date and hour stated above.

Immediate cause of death **ischemic heart disease**  
**at my home 4408 Delmar Blvd. St. Louis, Mo. - 1942 at about 6:45 P.M.**

Due to.....  
 Other conditions.....  
(Include pregnancy within 6 months of death)

Major findings.....  
 Of operations.....  
 Of autopsy.....

Duration.....  
 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) **suicide**  
 (b) Date of occurrence **Oct 14 1942**  
 (c) Where did injury occur? **at home**  
(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)  
 (b) Date of occurrence **Oct 14 1942**  
 (c) Where did injury occur? **at home**  
(City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?  
 23. Signature **Walter J. Perry**..... (M. D. or other)  
 Address **1277 N. 1st St. St. Louis, Mo.** Date signed **10/16/42**

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

DEC 30 1953

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**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.....

*Edwin A. McArthur*

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.**