

FILED APR 8 1943
Registration District No. **94**

Primary Registration District No. **5140**

Registrar's No. **5-2**

1. PLACE OF DEATH:

(a) County **CALDWELL**

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

(c) Name of hospital or institution: **hosp**

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **TWO YEAR** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **CALDWELL**

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

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

(e) Citizen of foreign country? **No** (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME **VICTOR-CHRSTEAN-KOELLER**

3. (b) If veteran, name war **No**

3. (c) Social Security No. **No**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March**, day **1st**
year **1943** hour **2** minute **15 P.M.**

21. I hereby certify that I attended the deceased from **May. 20th** 19**42** to **March. 1st** 19**43**
that I last saw him alive on **March 1st** 19**43**
and that death occurred on the date and hour stated above.

4. Sex **MALE**

5. Color or race **WHITE**

6. (a) Single, widowed, married, divorced **MARRIED**

6. (b) Name of husband or wife **GRAYCE-W. KOELLER**

6. (c) Age of husband or wife if alive **53** years

7. Birth date of deceased **NOV. 5 1882**
(Month) (Day) (Year)

Immediate cause of death **Acute Endocarditis.**

Duration **2yrs**

8. AGE: Years **60** Months **3** Days **24**
If less than one day hr. min.

Due to **Cancer of the liver and intestines.**

9. Birthplace **HERMAN MO.**
(City, town, or county) (State or foreign country)

Due to _____

10. Usual occupation _____

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

11. Industry or business **GRAIN-ELEVATOR-MGR.**

Major findings: Of operations **A. R. Wilsey MD**

12. Name **EDGAR KOELLER**

Of autopsy **No**

13. Birthplace **PHILADELPHIA PENN.**
(City, town, or county) (State or foreign country)

Underline the cause to which death should be charged statistically.

14. Maiden name **EMELIA EBERLING**

15. Birthplace **PHILADELPHIA PENN.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Grayce W. Koeller**

(b) Address **Breckenridge Mo.**

17. (a) **Removal** (b) Date thereof **MAR-2-1943**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **CHICAGO, ILL**

18. (a) Signature of funeral director **T. J. Park**

(b) Address **Breckenridge Mo.**

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 _____

19. (a) **Mar 2-1943** (b) **E. A. Thompson**
(Date received local registrar) (Registrar's signature)

23. Signature **A. R. Wilsey** (M.D. or other)

Address **Breckenridge MO** Date signed **3/2-43**

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

MOTHER FATHER

1131

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

A.C

State File No.

Registration District No. 94

Primary Registration District No. 5140

Registrar's No. 52

1. PLACE OF DEATH: Caldwell
 (a) County Caldwell
 (b) City or town Rural Brookridge Twp
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: _____
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether _____)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County Caldwell
 (c) City or town Rural (If outside city or town limits, write "RURAL")
 (d) Street No. Brookridge Township (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Victor C Koeller
 3. (b) If veteran, name war _____ (c) Social Security No. _____

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced _____
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Nov 3 (Month) (Day) (Year)

8. AGE: Years 60 Months 3 Days _____ (If less than one day _____ min.)

9. Birthplace _____ (City, town, or county) (State or foreign country) Mo.

10. Usual occupation _____
 11. Industry or business _____

MOTHER FATHER { 12. Name _____
 { 13. Birthplace _____ (City, town, or county) (State or foreign country)
 { 14. Maiden name _____
 { 15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant _____
 (b) Address _____

17. (a) _____ (b) Date thereof _____
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation _____

18. (a) Signature of funeral director _____
 (b) Address _____

19. (a) _____ (b) _____
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month March Day 10 Year 1963 hour _____ minute _____ M.
 21. I hereby certify that I attended the deceased from _____, 19____; that I last saw him _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____
 Due to _____
 Due to _____
 Other conditions (include pregnancy within 3 months of death) _____
 Major findings: Of operations _____ PHYSICIAN _____
 Of autopsy _____ 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 _____ (M. D. or other) _____
 Address _____ Date signed _____

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

SUPPLEMENTARY

9776