

FILED JUN 1 1944
Registration District No. 18

Primary Registration District No. 1003

Registrar's No. 4660

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

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:
1916 E. Warne Ave. /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
In this community 38 Years. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County..... 000

(c) City or town St. Louis
(If outside city or town limits, write "RURAL") 1 17

(d) Street No. 1916 E. Warne Ave.
(If rural, give location) 9

(e) Citizen of foreign country? No (Yes or No)
If yes, name country..... 0

3. (a) PRINT FULL NAME Joseph Koller

3. (b) If veteran, name war..... None

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 19
year 1944 hour 10 minute 00 A.M.

21. I hereby certify that I attended the deceased from.....
....., 19....., to....., 19.....;

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife.....

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

7. Birth date of deceased Aug. - 1889
(Month) (Day) (Year)

that I last saw h..... alive on....., 19.....;

and that death occurred on the date and hour stated above.

Immediate cause of death.....
Chronic Interstitial Nephritis
Chronic Myocarditis

8. AGE: Years 54 Months 9 Days X If less than one day
hr. min.

Due to.....

Due to..... 121

9. Birthplace Austria 4
(City, town, or county) (State or foreign country)

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

10. Usual occupation Laborer

Major findings:
Of operations.....

11. Industry or business Ice & Coal

Of autopsy yes

12. Name Joseph Koller

13. Birthplace Austria 4
(City, town, or county) (State or foreign country)

14. Maiden name Juliana Meitz

15. Birthplace Austria 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Agnes Wolf

(b) Address 4159 Grove Str.

17. (a) Burial (b) Date thereof 5/20/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation NEW ST. MARCUS
17th Street

18. (a) Signature of funeral director J. F. Budeck

(b) Address 2117 E. Grand Blvd.

19. (a) MAY 20 1944 (Date received local registrar)
J. F. Budeck (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?..... (Specify type of place) (e) Means of injury.....

23. Signature Alfred J. Perry (M: D. or other)
Address Wapiti Court Date signed 5/20/44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.....

working under my personal supervision.

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

Signed *Frank A. Moore*.....

Licensed Embalmer No. *3041*.....

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.