S. No. 2
M—5-43
. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 35499

FILED NOV 29 1945

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10150

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: 5564 Cabanne Ave. Cabanne Nursing Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 Mos. 4 (Specify whether years, months or days)
In this community Life

2. USUAL RESIDENCE OF DEACESED:

(a) State Missouri (b) County St. Louis
(c) City or town ~~St. Louis~~
(If outside city or town limits, write "RURAL")
(d) Street No. 7034 Plymouth Ave.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Minnie Louise Koelsch

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife William E. Koelsch

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

7. Birth date of deceased February 12, 1882. (Month) (Day) (Year)

8. AGE: Years 63 Months 9 Days 11 If less than one day hr. min.

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

10. Usual occupation Housework

11. Industry or business

FATHER
12. Name John H. Grossenheider
13. Birthplace St. Louis, Missouri (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Sophie Louise Niemann
15. Birthplace Johannesburg, Illinois (City, town, or county) (State or foreign country)

16. (a) Informant Miss Marion Koelsch
(b) Address 7034 Plymouth Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 26, 1945. (Month) (Day) (Year)
(c) Place: burial or cremation Friedens Cemetery

18. (a) Signature of funeral director Calvin F. Feutz Funeral Home
(b) Address 4828 Natural Bridge Blvd.

19. (a) NOV 24 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 23rd year 1945 hour 12:30 minute P. M.

21. I hereby certify that I attended the deceased from Nov 5, 1945 to Nov 23, 1945; that I last saw her alive on Nov 20, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Myocarditis - chronic	1 yr
Arteriosclerosis	1 yr
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) Right hemiplegia	8-18-45

Major findings:
Of operations
Of autopsy

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature [illegible] M.D. (M. D. or other)
Address 4800 [illegible] Date signed 11-23-45

(Licensed Embalmer's Statement on Reverse Side)

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 Ralph Linders

Licensed Embalmer No. 4275

P. O. Address St. Louis, Mo

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.