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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 39851

FILED DEC 15 1947

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 11084

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: 3441 Henrietta
(If 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 Missouri (b) County 000

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

(d) Street No. 1636a Knapp 9
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Sylvester Edward Koebel

3. (b) If veteran, name war no

3. (c) Social Security No. 489-09-6840

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Cecelia

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

7. Birth date of deceased July (Month) 17 (Day) 1904 (Year)

8. AGE: Years	Months	Days	If less than one day
43	4	14	hr. min.

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

10. Usual occupation Clerk

11. Industry or business

FATHER

12. Name Fred W. Koebel

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

MOTHER

14. Maiden name Elizabeth Barth

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

16. (a) Informant Fred W. Koebel

(b) Address 3441 Henrietta

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 4-47 (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus

18. (a) Signature of funeral director Leib Funeral Home, Inc.

(b) Address 3029 Lafayette Ave.

19. (a) DEC 3-1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 1st year 1947 hour 2 minute 5 A.M.

21. I hereby certify that I attended the deceased from June 1947, to Dec 1, 1947, that I last saw him alive on 11-28, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Spongioblastoma of Brain	6 months +
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

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Major findings:
Of operations Inoperable Spongioblastoma of brain
Of autopsy None

PHYSICIAN

Underline the cause of 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 0

23. Signature Edward J. Berger (M. D. or other)

Address 440 N. TAYLOR Date signed 12-3-47

Jefferson City Printing Co.

(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 David Van Fossen

Licensed Embalmer No. 4242

P. O. Address 3029 Lafayette Ave.

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.