

FILED DEC 2 1947

State File No. _____

Registrar's No. 2443

Registration District No. 377

Primary Registration District No. 6076

1. PLACE OF DEATH:

(a) County St. Louis,
(b) City or town Ballwin,
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Highway # 50.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none
(Specify whether
In this community 67 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis, 96
(c) City or town Ballwin,
(If outside city or town limits, write "RURAL")
(d) Street No. Highway 50
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mathilda S. Koebel,

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced married

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

7. Birth date of deceased May 25, 1880
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
67 5 27 hr. min.

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

10. Usual occupation Housewife

11. Industry or business Own home

MOTHER FATHER

12. Name Michael Walters, 9

13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name Catherine Kanser, 9

15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Roy Koebel,

(b) Address Ballwin, Mo.

17. (a) Burial (b) Date thereof 11/25/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. John Cem. Manchester, Mo.

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

(b) Address B. Ballwin, Mo.

19. (a) 11-25-47 (b) Becila J. Sharp
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 22
year 1947 hour 11 minute 50 M.

21. I hereby certify that I attended the deceased from Jan 1940 to November 22, 1947.
that I last saw him alive on _____, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis

Due to 61

Due to _____

Other conditions Diabetes mellitus 20 years
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

Duration
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?
Mo. While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature B. R. Loving (M. D. or other) ms
Address Ballwin, Mo. Date signed 11-24-47

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A NEW ENTRY FOR EACH RECORD

DEC 2 - 1947

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.....

Richard Bepp

Registered Apprentice No. *23*

working under my personal supervision.

Signed *Theo. Schrader*

Licensed Embalmer No. *3066*

P. O. Address *Bellewin, Md.*

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.