

No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED FEB 24 1948
Registration District No. 377

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH
Primary Registration District No. 3069

State File No. 7299
Registrar's No. 412

1. PLACE OF DEATH:

(a) County... St. Louis
(b) City or town... Richmond Heights
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution... St. Mary's Hospital
(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... Gasconade 37
(c) City or town... Bay
(If outside city or town limits, write "RURAL")
(d) Street No...
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) /
If yes, name country...

3. (a) PRINT FULL NAME... Marie Koelling
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... Married
6. (b) Name of husband or wife... Elmer Koelling
6. (c) Age of husband or wife if alive... 30 years
7. Birth date of deceased... February 21 1917
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
30 11 20 hr. min.

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

10. Usual occupation... Housewife

11. Industry or business...

12. Name... Charles Rhoads

13. Birthplace... Howell Co., Missouri
(City, town, or county) (State or foreign country)

14. Maiden name... Lucy Cordray

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

16. (a) Informant... Art Rhoads

(b) Address... 2845 Pennsylvania

17. (a) Burial, cremation, or removal... Burial
(b) Date thereof... 2-14-48
(Month) (Day) (Year)

(c) Place: burial or cremation... Bay, Mo.

18. (a) Signature of funeral director... Blumer Funeral Home
(b) Address... 470 Hermann Missouri

19. (a) Date received local registrar... 2-13-48
(b) Registrar's signature... Cecily [unclear]

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 11
year 1948 hour 4 minute 50 P.M.

21. I hereby certify that I attended the deceased from 7/6/48 to 1/11/48
that I last saw him alive on 1/11/48
and that death occurred on the date and hour stated above.

Immediate cause of death... Pulmonary embolism

Due to... Advanced Carcinoma of Stomach and both ovaries

Due to... Secondary Granulomatous pneumonia

Other conditions... Pregnancy of approx 46 weeks duration

Major findings: Of operations... Carcinoma of stomach & secondary granular pneumonia

Of autopsy... Carcinoma of stomach & secondary granular pneumonia

22. If death was due to external causes, all 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?

23. Signature... [unclear] (M. D. or other)

Address... 634 N. Grand Ave. Date signed... 2/14/48

Duration

PHYSICIAN

Underline the cause of which death should be charged statistically.

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

MOYER, FATHER

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.....

John S. Dennehy

Licensed Embalmer No. 4194

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.