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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 5 1948

Registration District No. 3/1

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6076

State File No. 7401

Registrar's No. 515

1. PLACE OF DEATH:

(a) County St Louis

(b) City or town Jefferson Barracks (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1214 Gale (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Life (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St Louis 96

(c) City or town Jefferson Barracks (If outside city or town limits, write "RURAL")

(d) Street No. 1214 Gale (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Pamela Kay Koebbe

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Oct (Month) 20 (Day) 1947 (Year)

8. AGE: Years 0 Months 4 Days 1 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

FATHER
12. Name Edward B Koebbe
13. Birthplace Barnhart (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name Lorraine M Kratz
15. Birthplace St Louis (City, town, or county) Mo (State or foreign country)

16. (a) Informant Edward B Koebbe

(b) Address 1214 Gale

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/24/48 (Month) (Day) (Year)

(c) Place: burial or cremation SS Peter & Paul Cemetery

18. (a) Signature of funeral director JOHN L Ziegenhein & Sons

(b) Address 7027 Gravois

19. (a) 2-24-48 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month 2 day 21 year 1948 hour 6 minute 00 A M.

21. I hereby certify that I attended the deceased from 2/20/48, 19, to, 19, that I last saw her alive on 2/20, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Acute tracheo-bronchitis — Duration 48 hrs.

Due to Acute Tracheo bronchitis

Due to 1060

Other conditions (Include pregnancy within 3 months of death)

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 Jackson Ott (M. D. or other) MD

Address 6344 N Grand Blvd Date signed 2/23/48

(Licensed Embalmer's Statement on Reverse Side)

MAR 5 19

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 W. G. Peterson

Licensed Embalmer No. 3767

P. O. Address 7027 Gravois

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.