

FILED MAR 23 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10689
State File No. _____
2292
Registrar's No. _____

318

1003

| | | | | | | | |
|--|------------------------------|---|---|---|---|---|---|
| BIRTH NO. _____ | | REG. DIST. NO. _____ | | PRIMARY REG. DIST. <u>1003</u> | | Registrar's No. _____ | |
| 1. PLACE OF DEATH a. COUNTY _____ | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY _____ | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> | | c. LENGTH OF STAY (In this place) <u>20</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis 2159</u> | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lutheran Hospital</u> | | | | d. STREET ADDRESS (If rural, give location) <u>16 3522 No. Prairie Ave</u> | | | |
| 3. NAME OF DECEASED a. (First) <u>Norma</u> | | b. (Middle) <u>E.</u> | | c. (Last) <u>Koelling</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>March 9 1950</u> | |
| 5. SEX <u>F</u> | 6. COLOR OR RACE <u>W</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u> | 8. DATE OF BIRTH <u>1903 Dec. 29</u> | | 9. AGE (In years last birthday) <u>46</u> | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 1 HRS. Hours _____ Min. _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Relief Operator</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Envelope</u> | | 11. BIRTHPLACE (State or foreign country) <u>Hoffmann, Ill.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>1</u> | |
| 13a. FATHER'S NAME <u>Henry Koelling</u> | | 13b. MOTHER'S MAIDEN NAME <u>Louise Brummer</u> | | 14. NAME OF HUSBAND OR WIFE <u>Bertha Koelling 3522 No. Prairie</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | | 16. SOCIAL SECURITY NO. <u>494-01-5103</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Bertha Koelling 3522 No. Prairie</u> | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | MEDICAL CERTIFICATION | | | | INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u> | |
| <p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p> | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Intestinal obstruction</u> | | | | | |
| | | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>SEE # II below</u> | | | | | |
| | | DUE TO (c) _____ | | | | | |
| 19a. DATE OF OPERATION <u>2/25 & 3/7/50</u> | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Peptic Ulcer (Resection 2/22/50) 1 year</u> | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| | | 19b. MAJOR FINDINGS OF OPERATION <u>1) Peptic Ulcer 2) Intestinal obstruction</u> | | | | | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>ST. LOUIS</u> | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? <u>1</u> | | | |
| 22. I hereby certify that I attended the deceased from <u>11/7/49</u> , 19____, to <u>3/8/50</u> , 19____, that I last saw the deceased alive on <u>3/7/50</u> , 19____, and that death occurred at <u>2:20 A.m.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>CE Stindler, M.D.</u> | | | | 23b. ADDRESS <u>3701 Grand St. St. Louis</u> | | 23c. DATE SIGNED <u>3/8/50</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Motor</u> | | 24b. DATE <u>Mar. 11 1950</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Hillcrest Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Centralia, Illinois</u> | | |
| DATE REC'D BY LOCAL REG. <u>MAR 9 1950</u> | | REGISTRAR'S SIGNATURE <u>J. B. Basater</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Reiderwieden Funeral Home 1036 St. Louis</u> | | | |

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

True

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 _____

working under my personal supervision.

Student Embalmer No. _____

Signed _____
Student Embalmer

Signed *Max L. Warfel*

Licensed Embalmer No. *4170*

P. O. Address *1936 St. Louis 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.