

FILED NOV 24 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1003 State File No. 38706
9691

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. _____ Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>St. Louis, Mo.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>2249</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>ST. Louis</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>	
c. LENGTH OF STAY (in this place) <u>0</u>		d. STREET ADDRESS (If rural, give location) <u>3430 California</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Barnes Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Roland</u>		b. (Middle) <u>A.</u>		c. (Last) <u>Koeb</u>		4. DATE OF DEATH (Month) <u>11</u> (Day) <u>14</u> (Year) <u>50</u>	
5. SEX <u>M.O</u>		6. COLOR OR RACE <u>W.</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>11-31-898</u>	
9. AGE (In years last birthday) <u>52</u>		IF UNDER 1 YEAR Months <u>2</u> Days <u>11</u>		IF UNDER 11 HRS. Hours <u>11</u> Min. <u>0</u>		11. BIRTHPLACE (State or foreign country) <u>St. Louis</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Medical Dr.</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>St. Louis</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>Rudolph Koeb</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Scheffler</u>		14. NAME OF HUSBAND OR WIFE <u>Elvira Brueggemann</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.		17. INFORMANT'S SIGNATURE OR NAME <u>Elvira Koeb</u> ADDRESS <u>3430 California</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congestive heart failure & Renal Failure</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 wks.</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Renal tuberculosis; Abdominal</u>		?	
		DUE TO (c) <u>aneurysm</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>Hypertension</u>		?	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Renal tuberculosis, April 1950</u>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>016X</u>	

22. I hereby certify that I attended the deceased from 10-26, 1950, to 11-14, 1950, that I last saw the deceased alive on 11-14, 1950, and that death occurred at 5:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>J.R. Bradley</u> (Degree or title) <u>M.D.O.</u>		23b. ADDRESS <u>Barnes Hospital</u>		23c. DATE SIGNED <u>11-14-50</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11-17-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Resurrection</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>Nov 15 1950</u>		REGISTRAR'S SIGNATURE <u>J. B. Laster</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wingbermuehle</u> ADDRESS <u>3819 S. Grand</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

NOV 25 1961

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.

Signed.....
Student Embalmer

Signed *George Klingermuehle Jr.*
Student Embalmer No.
Licensed Embalmer No. *4611*
P. O. Address *St. Louis Mo.*

Notes: 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.