

FILED FEB 9 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2682
State File No. _____
Registrar's No. 491

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH
a. COUNTY _____
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST Louis
c. LENGTH OF STAY (in this place) 19 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION Jewish Hosp

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY St Louis
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural - Bonhomme 4440
d. STREET ADDRESS (If rural, give location) Clayton Road

3. NAME OF DECEASED
a. (First) Emily b. (Middle) Julia c. (Last) Koebel
4. DATE OF DEATH (Month) (Day) (Year) JAN 16 1951

5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow 8. DATE OF BIRTH Nov 10 - 1892 9. AGE (In years last birthday) 78 10. MONTHS 78 11. HOURS 78 12. MIN. 78

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 10b. KIND OF BUSINESS OR INDUSTRY Self 11. BIRTHPLACE (State or foreign country) ST Louis County 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Thomas Froesel 13b. MOTHER'S MAIDEN NAME Louisa Stock 14. NAME OF HUSBAND OR WIFE Jacob P. Koebel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) UNK (If yes, give war or date of service) UNK 16. SOCIAL SECURITY NO. UNK 17. INFORMANT'S SIGNATURE OR NAME Ellen Koebel - Chesterfield, Mo ADDRESS _____

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, asthma, etc. It means the disease, injury, or complication which caused death.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis (INTERVAL BETWEEN ONSET AND DEATH) 20 days
ANTECEDENT CAUSES DUE TO (b) Coronary sclerosis 11 years
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS Thrombosis of left anterior -
lateral artery 9 mos.

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

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 NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? M201

22. I hereby certify that I attended the deceased from Aug, 1949, to Jan 16, 1951, that I last saw the deceased alive on Jan 16, 1951, and that death occurred at 8:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Charles Silverberg, M.D. 23b. ADDRESS 15 N. Brentwood Blvd. 23c. DATE SIGNED Jan 17, 1951

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE Jan 19 - 51 24c. NAME OF CEMETERY OR CREMATORY Heaven Cem. 24d. LOCATION (City, town, or county) (State) St Louis County

DATE REC'D BY LOCAL REG. JAN 17 1951 REGISTRAR'S SIGNATURE J. B. Lasater 25. FUNERAL DIRECTOR'S SIGNATURE Schroeder Funeral Home ADDRESS Callender, Mo.

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

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 _____

J. Allen Davis
Licensed Embalmer No. 4053
P. O. Address My address

Signed
Student Embalmer

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.