

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40167

State File No. _____

FILED DEC 8-1951

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 3830

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>WELLSTON</u> <u>St. Louis (14)</u>	c. LENGTH OF STAY (in this place) <u>3 yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>43'1</u> <u>30 TOWN St. Louis (14) WELLSTON</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1340 Partridge Avenue</u>		d. STREET ADDRESS (If rural, give location) <u>1340 Partridge Avenue</u>	

3. NAME OF DECEASED (Type or Print) <u>Sister M. Blanche</u>	a. (First)	b. (Middle)	c. (Last) <u>Koehler</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>November 26-1951</u>
---	------------	-------------	--------------------------	--

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>Nov. 22, 1886</u>	9. AGE (In years last birthday) <u>65</u>	Months <u>0</u>	Days <u>4</u>	IF UNDER 18 REG. Hours Min.
----------------------	-------------------------------	---	---------------------------------------	---	-----------------	---------------	-----------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Teacher</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Teaching</u>	11. BIRTHPLACE (State or foreign country) <u>Martinsburg, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
--	---	--	---

13a. FATHER'S NAME <u>Casper Koehler</u>	13b. MOTHER'S MAIDEN NAME <u>Theresa Blanke</u>	14. NAME OF HUSBAND OR WIFE <u>-----</u>
--	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>NIL</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Sister M. Alicia, C.P.P.S</u>	ADDRESS <u>O'Fallon Mo.</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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertensive Heart Disease</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>chronic hypertension &</u> DUE TO (c) <u>cardiac hypertrophy</u>		
II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death. <u>-----</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) <u>443X</u>
--	--	--

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
--	--	----------------------------

22. I hereby certify that I attended the deceased from May, 1950, to Nov, 1951, that I last saw the deceased alive on Nov, 1951, and that death occurred at 5 A m., from the causes and on the date stated above.

23a. SIGNATURE <u>For L. Gross</u> (Degree or title) <u>MD</u>	23b. ADDRESS <u>539 N. Grand Blvd St. Louis Mo</u>	23c. DATE SIGNED <u>11-27-51</u>
--	--	----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Nov-28, 1951</u>	24c. NAME OF CEMETERY <u>St. Mary's Convent</u>	24d. LOCATION (City, town, or county) (State) <u>O'Fallon, St. Charles Co. Mo.</u>
---	-------------------------------	---	--

DATE REC'D BY LOCAL REG. <u>11-27-51</u>	REGISTRAR'S SIGNATURE <u>Robert P. Donhe</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>H. C. Hallmeier & Sons Co.</u> ADDRESS <u>800 N. 2nd St. Charles, Mo.</u>
--	--	---

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Herbert C. Dalmeyer

Licensed Embalmer No. 4546

P. O. Address St. Charles, Mo

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.