

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **15879**  
**4043**

FILED MAY 14 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE	
b. CITY (If outside corporate limits, write RURAL and give town) <b>St. Louis</b>		b. COUNTY <b>Mo</b>	
c. LENGTH OF STAY (In this place) <b>St. Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Mo. Baptist Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>5567 Clemens Ave.</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>LOUIE</b>			b. (Middle) <b>F.</b>			c. (Last) <b>KOELLNER</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>April 16, 1953</b>		
5. SEX <b>M</b>		6. COLOR OR RACE <b>W</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>		8. DATE OF BIRTH <b>March 9, 1906</b>		9. AGE (In years last birthday) <b>47</b>		10. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Tool Engineer</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>McDonnell Aircraft</b>				11. BIRTHPLACE (City and State or Foreign Country) <b>Newark, New Jersey</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	

13a. FATHER'S NAME <b>unknown</b>		13b. MOTHER'S MAIDEN NAME <b>unknown</b>		14. NAME OF HUSBAND OR WIFE <b>Robina F. Koellner</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>497-09-0012</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Robina F. Koellner</b>	
				ADDRESS <b>Clemens 5567</b>	

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.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <b>1 day</b>	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage</b>					
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Cerebral Arteriosclerosis</b>					
		DUE TO (c) <b>Old myocardial infarction</b>					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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? <b>331X</b>	

22. I hereby certify that I attended the deceased from **June 1950 to 16 Apr, 1953**, that I last saw the deceased alive on **15 Apr, 1953**, and that death occurred at **12:10 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Richard Abner M.D.</b>		23b. ADDRESS <b>3720 Washington</b>		23c. DATE SIGNED <b>17 Apr 53</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Cremation</b>		24b. DATE <b>4/18/53</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Valhalla Crematory</b>	
				24d. LOCATION (City, town, or county) (State) <b>St. L. County, Missouri</b>	

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <b>APR 18 1953 J. Earl Smith M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Alexander &amp; Sons, 6175 Delmar</b>		ADDRESS	
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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

*jos. E. McCulloch*

Licensed Embalmer No. 2460

P. O. Address 6175 Delmar

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.