

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **34490**

FILED OCT 2 1953

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 545 Registrar's No. 2468

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 OR TOWN <u>Maplewood</u>		c. CITY OR TOWN <u>Maplewood</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. LENGTH OF STAY (in this place) <u>5 yrs</u>		e. STREET ADDRESS (If rural, give location) <u>2604 Bellevue</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2604 Bellevue</u>							
3. NAME OF DECEASED (Type or Print) <u>Augusta</u>		a. (First)		b. (Middle)			
		c. (Last) <u>Koelling</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 16th 1953</u>			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>			
8. DATE OF BIRTH <u>Mar. 29, 1887</u>		9. AGE (In years last birthday) <u>66</u>		10. IF UNDER 1 YEAR Months <u>5</u> Days <u>17</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>At Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Mascoutah Ill.</u>			
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Fred Tiberend</u>		13b. MOTHER'S MAIDEN NAME <u>Susan Kirchoefer</u>			
14. NAME OF HUSBAND OR WIFE <u>Alvin Koelling</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>			
17. INFORMANT'S SIGNATURE OR NAME <u>Hilda Scherer</u>		ADDRESS <u>Mascoutah, Ill.</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>acute myocardial infarction?</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>coronary artery disease</u> DUE TO (c) 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Diabetes mellitus</u>				INTERVAL BETWEEN ONSET AND DEATH <u>seconds</u> <u>10 yrs.</u> <u>6 yrs.</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)			
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 <u>July 24, 1947</u> , to <u>Sept. 16, 1953</u> , that I last saw the deceased alive on <u>Sept. 16, 1953</u> , and that death occurred at <u>3</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Grace E. Bergner, M.D.</u>		23b. ADDRESS <u>114 N. Taylor Ave.</u>		23c. DATE SIGNED <u>9-17-53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9-19-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Sunset Burial Park</u>			
		24d. LOCATION (City, town, or county) (State) <u>St. Louis Co, Mo.</u>					
DATE REC'D BY LOCAL REG. <u>9/18/53</u>		REGISTRAR'S SIGNATURE <u>Walter B. Smith, M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Hoercher Funeral Home</u> ADDRESS <u>Mascoutah, Ill.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

4004

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.....
Signature of Student Embalmer

Signed.....
J. P. Burgess

Licensed Embalmer No. 402

P. O. Address *Maplewood*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.