

FILED JUN 24 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **20804**
Registrar's No. **4944**No. 300
10-48

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. 20804		Registrar's No. 4944			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE Missouri						b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give town or township) St. Louis				c. LENGTH OF STAY (in this place) 28 days		c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION 3304 Magnolia				16. STREET ADDRESS 3304 Magnolia		(If rural, give location) 2169					
3. NAME OF DECEASED (Type or Print) a. (First) Herman			b. (Middle) F.		c. (Last) KOELLER		4. DATE OF DEATH (Month) (Day) (Year) June 1, 1954				
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) married		8. DATE OF BIRTH Nov. 12, 1869		9. AGE (In years last birthday) 84		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer				10b. KIND OF BUSINESS OR INDUSTRY retired		11. BIRTHPLACE (City and State or Foreign Country) Herman, Mo.			12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME August Koeller			13b. MOTHER'S MAIDEN NAME Anna Meyer			14. NAME OF HUSBAND OR WIFE Emma Koeller					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no			16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Winnie Helmsing						ADDRESS 3304 Magnolia
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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c) Hypertension II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH 10 days several years?	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____								20. AUTOPSY? YES <input 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? 332x						
22. I hereby certify that I attended the deceased from May 2, 1954 , to June 1, 1954 , that I last saw the deceased alive on May 29, 1954 , and that death occurred at 3:15 P. m. , from the causes and on the date stated above.											
23a. SIGNATURE M. R. Wludcki					(Degree or title) MO		23b. ADDRESS 8916 Demain		23c. DATE SIGNED 6-4-54		
24a. BURIAL, CREMATION, REMOVAL (Specify) _____		24b. DATE 6/4/54		24c. NAME OF CEMETERY OR CREMATORY Mt. Hope Cemetery			24d. LOCATION (City, town, or county) (State) Lemay Missouri				
DATE REC'D BY LOCAL REG. JUN 4 1954		REGISTRAR'S SIGNATURE J. Carl Smith				25. FUNERAL DIRECTOR'S SIGNATURE Fendler Und. Co.					ADDRESS 7420 Michigan Ave.

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

(Licensed Embalmer's Statement on Reverse Side)

9-11:00 AM, Fri.

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 *W.G. Peterson*
Licensed Embalmer No. *376*
P. O. Address *7420 Michigan*

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.