

0.300  
0.48

FILED NOV 25 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 38484

318

1003

9711

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO		b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY OR TOWN Rural-Meramec Twp.		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) 1 day		e. STREET ADDRESS (If rural, give location) St. Paul Rd.			
d. FULL NAME OF HOSPITAL OR INSTITUTION Deaconess Hospital					

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) Caroline	b. (Middle) Amalie	c. (Last) Koehler	(Month) Nov	(Day) 7	(Year) 1955

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug 19, 1885	9. AGE (in years last birthday) 70	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	Min.
---------------	------------------------	--	-------------------------------	------------------------------------	------------------------	------------------------	------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housework	10b. KIND OF BUSINESS OR INDUSTRY own home	11. BIRTHPLACE (City and State or Foreign Country) St. Louis Co. Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
---	--	--	-------------------------------------

13a. FATHER'S NAME Wm Niere	13b. MOTHER'S MAIDEN NAME Ida Rahm	14. NAME OF HUSBAND OR WIFE Alfred Koehler
-----------------------------	------------------------------------	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Alfred Koehler	ADDRESS Rt 1, Ballwin, Mo.
---	------------------------------	--	----------------------------

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 1 wk  36 hrs.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cordiac Failure		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Myocardial infarction DUE TO (c) Coronary occlusion		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic nephritis			

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) Ballwin	(COUNTY) Mo.	(STATE) Mo.
--	--	--	--------------	-------------

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 420.1
--	--	----------------------------------

22. I hereby certify that I attended the deceased from March 21, 1954, to Nov 6, 1955, that I last saw the deceased alive on Feb 6, 1955, and that death occurred at 4:15 A.M., from the causes and on the date stated above.

23a. SIGNATURE James E. Meyer MD	(Degree or title)	23b. ADDRESS Ballwin Mo	23c. DATE SIGNED Nov 7 1955
----------------------------------	-------------------	-------------------------	-----------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 11-9-1955	24c. NAME OF CEMETERY OR CREMATORY St. John Ev. Luth	24d. LOCATION (City, town, or county) (State) Ellisville, Mo.
--	---------------------	--	---

DATE REC'D BY LOCAL REG. NOV 7 1955	REGISTRAR'S SIGNATURE Carl Smith MD	25. FUNERAL DIRECTOR'S SIGNATURE Schrader Funeral Home	ADDRESS Ballwin, Mo.
-------------------------------------	-------------------------------------	--	----------------------

(Licensed Embalmer's Statement on Reverse Side)

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.....  
Signature of Student Embalmer

Signed.....  
*Richard Bopp*

Licensed Embalmer No. *452*

P. O. Address *Ballerwin*

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.