

FILED FEB 6 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3166
STATE FILE NUMBER
1145

Registration District No. **318** Primary Registration District No. **1003**

Registrar's No. **1145**

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE ILLINOIS b. COUNTY MADISON				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN GRANITE CITY 812		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION DEPAUL HOSPITAL		Length of stay in 1b 2 DAYS		d. STREET ADDRESS 2309 E. 25TH ST.		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First HENRY Middle HERMAN Last KOLLER				4. DATE OF DEATH Month 1 Day 28 Year 1958				
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 5-12-1887		
9. AGE (In years last birthday) 70		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) RETIRED			10b. KIND OF BUSINESS OR INDUSTRY G.C. STEEL CO.		11. BIRTHPLACE (City and state or country) EDWARDSVILLE, ILL.		12. CITIZEN OF WHAT COUNTRY? U.S.	
13. FATHER'S NAME WILLIAM KOLLER				14. MOTHER'S MAIDEN NAME MARY MUELLER				
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. 333-03-4650		17. INFORMANT Address Alida Koller 2309-E-25 Granite City Ill				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Shock.						INTERVAL BETWEEN ONSET AND DEATH 3.6 hr.		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						DUE TO (b) pericardial Thrombosis		
						DUE TO (c) Myocardial Infarction		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE (CONDITION GIVEN IN PART I (a)) 570.2						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
20a. ACCIDENT <input type="checkbox"/>		SUICIDE <input type="checkbox"/>		HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____								
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE		
21. I attended the deceased from 1-5-56 , to 1-28-58 and last saw her/him alive on 1-28-58 Death occurred at 1-28-58 9pm on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE Donald J. Oatton MD (Degree or title)				22b. ADDRESS 730 HODIAMONT		22c. DATE SIGNED 1-30-58		
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		23b. DATE 1-28-1958		23c. NAME OF CEMETERY OR CREMATORY SUNSET HILL		23d. LOCATION (City, town, or county) (State) EDWARDSVILLE, ILLINOIS		
24. FUNERAL DIRECTOR Frank Merces Hunt Co. Inc				25. DATE RECD. BY LOCAL REG. JAN 30 '58		26. REGISTRAR'S SIGNATURE Chas Smith MD		

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..... *Charles E. Mercer*

Licensed Embalmer No. *290*
Greenville, S.C.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If 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.