

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-018811
STATE FILE NUMBER

FILED JUN 13 1958 Registration District No. 160 Primary Registration District No. 559 Registrar's No. 82

| | | | | | |
|---|-----------------------------|---|--|--|---|
| 1. PLACE OF DEATH a. COUNTY Jefferson | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Festus - Rural | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | c. CITY OR TOWN St. Louis | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mountain View Nursing Home | | Length of stay in 1b 6 weeks | d. STREET ADDRESS (If outside, give location) 5054a Tennessee | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First Anna Middle A. Last Koelsch | | | 4. DATE OF DEATH Month 6 Day 8 Year 58 | | |
| 5. SEX Female | 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 Dec. 18, 1882 | 9. AGE (In years last birthday) 75 | IF UNDER 1 YEAR Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY at home | 11. BIRTHPLACE (City and state or country) St. Louis, Mo. | 12. CITIZEN OF WHAT COUNTRY? USA | |
| 13a. FATHER'S NAME William E. Soehnlin | | 13b. MOTHER'S MAIDEN NAME Lizetta Meyer | | 14. NAME OF HUSBAND OR WIFE John M. | |
| 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 Address Elizabeth Weidemann-5054a Tennessee | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral hemorrhage</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | | | | INTERVAL BETWEEN ONSET AND DEATH 24 hrs. |
| 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 Month, Day, Year a.m. p.m. | | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | |
| 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 <u>4-28-58</u> to <u>6-8-58</u> and last saw her alive on <u>6-8-58</u> Death occurred at <u>6:40 p.m.</u> on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE <u>R. D. Dannel</u> (Degree or title) | | 22b. ADDRESS <u>717 Mississippi ave., Crystal City, Mo.</u> | | 22c. DATE SIGNED <u>6-9-58</u> | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>6/10/58</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Sunset Burial Park</u> | 23d. LOCATION (City, town, or county) (State) <u>St. Louis Co., Missouri</u> | | |
| 24. FUNERAL DIRECTOR <u>WACKER-HEIDERLE</u> ADDRESS <u>3634 Gravois</u> | | 25. DATE RECD. BY LOCAL REG <u>6-9-58</u> | 26. REGISTRAR'S SIGNATURE <u>John G. Ripon</u> | | |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

JEFFERSON COUNTY HEALTH DEPT.
MILLSBORO, MISSOURI

JUN 20 1958

DATE RECEIVED

JUN 11 1958

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 *Frank J. [Signature]*

Licensed Embalmer No. *126*
P. O. Address *St. Louis*

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.