MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

62-005045
STATE FILE NUMBER

AMENDED

Registration District No. 319 Primary Registration District No. 4469 Registrar's No. 4

FILED JAN 15 1962

1. PLACE OF DEATH
a. COUNTY: STE. GENEVIEVE
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: STE. GENEVIEVE
Length of stay in 1b:
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 880 NORTH 4TH STREET
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI b. COUNTY: JEFFERSON
c. CITY OR TOWN: FESTUS
Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): Selma Village
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: CATHERINE Middle: SELMA Last: KOLLER
4. DATE OF DEATH: Month: JANUARY Day: 8 Year: 1962
5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 1-12-1888
9. AGE (last birthday): 73
IF UNDER 1 YEAR: Months Days IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House work
10b. KIND OF BUSINESS OR INDUSTRY: own Home
11. BIRTHPLACE (City and state or country): WEINGARTEN, MISSOURI
12. CITIZEN OF WHAT COUNTRY: U. S. A.
13a. FATHER'S NAME: JOSEPH KOLLER
13b. MOTHER'S MAIDEN NAME: JOSEPHINE LOIDA
14. NAME OF HUSBAND OR WIFE: NEVER MARRIED
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT: EARL RUEBSAM, Address: STE. GENEVIEVE, MO.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): CEREBRAL THROMBOSIS — INTERVAL BETWEEN ONSET AND DEATH: 24 HOURS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): ARTERIOSCLEROTIC HEART DISEASE — 10 YEARS
DUE TO (c): GENERALIZED ARTERIOSCLEROSIS
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a).
RHEUMATOID ARTHRITIS
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 7-6-54, to 1-8-62 and last saw her/him alive on 1-8-62
Death occurred at 10:00 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE: G H De Genova (Degree or title) MD
22b. ADDRESS: Ste Genevieve, Mo
22c. DATE SIGNED: 1-9-62
23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: 1-11-1962
23c. NAME OF CEMETERY OR CREMATORY: ST. AGNES CEMETERY
23d. LOCATION (City, town, or county) (State): BLOOMSDALE MISSOURI
24. FUNERAL DIRECTOR ADDRESS: JEROME H. STANTON, STE. GENEVIEVE, MO.
25. DATE RECD. BY LOCAL REG.: 10 January 1962
26. REGISTRAR'S SIGNATURE: George F. Wood

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
2			

BY AFFIDAVIT OF DOCUMENT

SEP 25 1962

FEB 6 1962

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 Jerome L. Stacker

Licensed Embalmer No. 3817

P. O. Address STE. GENEVIEVE, MO.

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.