

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAY 20 1957

State File No. 19617

BIRTH NO. REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 542 Registrar's No. 1171

1. PLACE OF DEATH a. COUNTY St. Louis.		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 Richmond Heights		c. LENGTH OF STAY (In this place) 50A	c. CITY OR TOWN Richmond Heights 0
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Hospital		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS (If rural, give location) 1100 Bellevue			

3. NAME OF DECEASED (Type or Print) Mary	a. (First)	b. (Middle) (Sister Mary Alexia, S.S.M.)	c. (Last) Koehne	4. DATE OF DEATH (Month) (Day) (Year) 5-4-57
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH April 22, 1871	9. AGE (In years last birthday) 86	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Religion	10b. KIND OF BUSINESS OR INDUSTRY Religious	11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Charles Koehne	13b. MOTHER'S MAIDEN NAME Mary Mueller	14. NAME OF HUSBAND OR WIFE - None
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Sister Mary Francis	ADDRESS 1100 Bellevue
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiovascular disease. Arteriosclerosis		Fall 12-17-1956
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Nephritis. Fracture of hip, left DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		9047	

19a. DATE OF OPERATION 12-20-56	19b. MAJOR FINDINGS OF OPERATION Fracture, left hip femoral head	45	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Convent	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis Mo. DDD
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 12-17-1956 m.	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? Fell in hall in Convent
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22. I hereby certify that I attended the deceased from July, 1938, to 5-4-57, 19, that I last saw the deceased alive on 5-4-57, 19, and that death occurred at 10:45A m., from the causes and on the date stated above.

23a. SIGNATURE James P. Wade, M.D. (Degree or title)	23b. ADDRESS 7134 N. Grand	23c. DATE SIGNED 5-5-57
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE May 7-1957	24c. NAME OF CEMETERY OR CREMATORY Resurrection Cem.	24d. LOCATION (City, town, or county) (State) St. Louis Mo.
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DATE REC'D BY LOCAL REG. 5-6-57	REGISTRAR'S SIGNATURE Herbert B. Dombek	25. FUNERAL DIRECTOR'S SIGNATURE W.H. O'Leary	ADDRESS 6536 Clayton Rd
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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 *Stanley H. Dixon*

Licensed Embalmer No. *4193*

P. O. Address *St. Louis*

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