MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

791

35129

1. PLACE OF DEATH

County ..... Registration District No. ..... File No. .....

Township ..... Primary Registration District No. 003 Registered No. 9857

City St Louis (No. Mo Bapt Hosp. St. ..... Ward)

2. FULL NAME Bernice Koontz

(a) Residence. No. 2903 Kentucky St., 12 Ward. St Louis Co Mo.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Female	White	Married

5A. IF MARRIED, ~~WIDOWED~~, OR DIVORCED ~~HUSBAND~~ OF (OR) WIFE OF Carl J. Koontz

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 15 1882

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	47	7	21	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Ava
(STATE OR COUNTRY) Illinois

PARENTS

10. NAME OF FATHER Almer Manor
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ?
(STATE OR COUNTRY) Tennessee
12. MAIDEN NAME OF MOTHER Sarah Wilmoth
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ?
(STATE OR COUNTRY) Illinois

14. INFORMANT Mr. Carl J. Koontz
(Address) 2903 Kentucky

15. FILED OCT 7 1929 Max C. Stackloff
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 6 1929

17. I HEREBY CERTIFY, That I attended deceased from Sept 20 Sept 20, 1929, to Oct 6, 1929 that I last saw her alive on Oct 5, 1929, and that death occurred, on the date stated above, at 7 30 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pneumonia, Lobar
108
90B
..... (duration) ..... yrs. ..... mos. 2 ds.
Acute
CONTRIBUTORY (SECONDARY) Pericarditis with
Effusion (duration) ..... yrs. ..... mos. 10 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH .....
DID AN OPERATION PRECEDE DEATH? No DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) Merle Bone, M. D.
Oct 6, 1929 (Address) 1492 Hodiamont

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Sparta Illinois	10-8 1929
20. UNDERTAKER	ADDRESS
Geo. L. Pleitsch	5966 Easton ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Merle Bone