

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County _____
 (b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: City Hospital, #1 /
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 24 Days
(Specify whether)
 In this community _____
years, months or days

3. (a) PRINT FULL NAME Frank Konersmann **562**

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Mary 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased August 15 1863
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>76</u>	<u>9</u>	<u>11</u>	_____ hr. _____ min.

9. Birthplace Germany _____
(City, town, or county) (State or foreign country)

10. Usual occupation Day Laborer
Retired 10 Yrs.

11. Industry or business _____
 MOTHER { 12. Name Christopher Konersmann **6**
 18. Birthplace Germany **6**
 14. Maiden name Elizabeth Witte (State or foreign country)
 15. Birthplace Germany **6**
(City, town, or county) (State or foreign country)

16. (a) Informant Catherine Nieland
 (b) Address 3980 Schiller Pl.

17. (a) Burial (b) Date thereof May 29, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peter & Paul Cemetery
 18. (a) Signature of funeral director J. F. Reuben Dir. & Und. Sec.
 (b) Address 2942 Keramec St.

19. MAY 29 1940 (b) J. F. Reuben
(Date of death) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
 (c) City or town St. Louis **15**
(If outside city or town limit write "RURAL")
3980 Schiller Pl.
 (d) Street No. _____
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? 56 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 26,
 year 1940 hour 12:30 minute _____ P. M.

21. I hereby certify that I attended the deceased from May
2, 1940, to May 26, 1940.

that I last saw h. imlive on May 26, 1940,
 and that death occurred on the date and hour stated above.

Immediate cause of death
Acute Pancreatitis
Carcinoma of Prostate

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
 Of operations _____

Of autopsy _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

(e) While at work? _____
(Specify type of place)

(f) Means of injury _____

23. Signature Robert B. Ryan (M.D. or other) _____
 Address 1515 Lafayette Date signed 5/27/40

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 Me

....., Registered Apprentice No.

working under my personal supervision.

Signed

Laron B. Percy

Licensed Embalmer No. 4094

2842 Meramec St.
P. O. Address St. Louis, 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 this body is not embalmed, above space should be left blank.