

Registration District No. **791** Primary Registration District No. **1003**

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:
St. Louis, City Hospital #1.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 11 Days
(Specify whether) _____
In this community 40 Years.
years, months or days)

3. (a) PRINT FULL NAME Mary Koontz
(b) If veteran, name war No. (c) Social Security No. None.

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

6. (b) Name of husband or wife Late Noah Walter Koontz 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased February 25th, 1877
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
63 8 24 hr. _____ min.

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

10. Usual occupation Housework. 9

11. Industry or business _____

12. Name Jim Brewer. 9

13. Birthplace Unknown.
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Arthur. (State or foreign country)

15. Birthplace Unknown.
(City, town, or county) (State or foreign country)

16. (a) Informant Mary J. Koontz

(b) Address Stallby Park, Mo.

17. (a) Burial (b) Date thereof 11-21-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Mathews cem.

18. (a) Signature of funeral director Leidner Und. Co.

(b) Address 2223 St. Louis Ave.

19. (a) NOV 19 1940 (b) J. B. Bredesch
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County _____
(c) City or town St. Louis. 26
(If outside city or town limits, write "RURAL")
(d) Street No. 2714a Howard St.
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 18,
year 1940 hour 6:08 minute _____ P. M.

21. I hereby certify that I attended the deceased from November
8, 19 40. November 18, 19 40;
that I last saw her alive on November 18, 19 40
and that death occurred on the date and hour stated above.

Immediate cause of death
Of appendicitis
Generalized Peritonitis
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? _____

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

23. Signature T. P. Tynnell (M. D. or other) 11/19/40
Address 1515 Lafayette Ave. Date signed _____

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

FILED DEC 17 1940

SEP 24 1944

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.....
....., Registered Apprentice No.....
working under my personal supervision..

Signed.....

Horner L. Ponder

Licensed Embalmer No.....

3367

P. O. Address.....

2223 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 this body is not embalmed, fact should be so stated above.