

S. No. 2
11-10-39
5-17-39
X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

40961

State File No.

Registration District No.

791

Primary Registration District No.

Registrar's No.

10732

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
City Hosp #1
(If not in hospital or institution, write exact number & location)
(d) Length of stay: In hospital or institution less than 24 hrs
(Specify whether
In this community unknown
years, months or days)

3. (a) PRINT FULL NAME Charles Konzen

8. (b) If veteran: name war _____ 8. (c) Social Security No. _____

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced widower

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

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

8. AGE: Years 77 Months _____ Days _____ If less than one day _____ hr. _____ min.

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

10. Usual occupation Repair man

11. Industry or business 9

12. Name unknown 9

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

14. Maiden name unknown

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

16. (a) Informant W. Morrisson

(b) Address 1515 Lafayette Ave

17. (a) _____ (b) Date thereof 12-23-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Louis

18. (a) Signature of funeral director W. Rutz

(b) Address 3800 Rutz

19. (a) DEC 27 1940 (b) J. F. Redbeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County _____
(c) City or town St. Louis 11
(If outside city or town limits, write "RURAL")
(d) Street No. 3225 Mont Homey
(If rural, give location)
(e) If foreign born, how long in U. S. A.? unknown years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 23
year 1940 hour 11 minute 00 P.M.

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____;

that I last saw him alive on _____ 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage
apoplexy
Due to hypertension
arteriosclerosis

Due to _____

Other conditions (Include pregnancy within 3 months of death) None

Major findings: Of operations _____

Of autopsy _____

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) Manner of injury 5

23. Signature Alfred Perry (M. D. or other) _____

Address Superior Date signed 12/23/40

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

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.....

Licensed Embalmer No.....

P. O. Address.....

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.