

No. 2  
4-13-40  
5-17-39  
I 223159

FILED APR 21 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

9308

State File No. ....

791

1003

Registrar's No. 2718

Registration District No. ....

Primary Registration District No. ....

1. PLACE OF DEATH:

(a) County.....

(b) City or town St. Louis Mo.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
Homer G. Phillips Hos.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. 0  
(Specify whether)

In this community Life  
years, months or days

3. (a) PRINT FULL NAME Baby Koonce

3. (b) If veteran, name war.....

3. (c) Social Security No.....

4. Sex Male 5. Color or race Negro

6. (a) Single, widowed, married, divorced. 0

6. (b) Name of husband or wife.....

6. (c) Age of husband or wife if alive 41 years  
(Month) (Day) (Year)

7. Birth date of deceased 2-25-41  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
			<u>2</u>	hr. <u>0</u> min.

9. Birthplace St. Louis, Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation.....

11. Industry or business.....

MOTHER FATHER

12. Name William Koonce

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

14. Maiden name Bessie Vincent

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

16. (a) Informant Father, Mary Sherard

(b) Address 2601 N Whittier

17. (a) burial (b) Date thereof 3-27-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation City Cemetery

18. (a) Signature of funeral director Wm Hamulka

(b) Address City Cemetery

19. (a) MAR 20 1941 (b) J. H. Bredek  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 21

(c) City or town St Louis  
(If outside city or town limits, write "RURAL")

(d) Street No. 2924 Franklin Ave.  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 27  
year 41 hour 6 minute 40 M.

21. I hereby certify that I attended the deceased from 2-25- 19 41 to 2-27- 19 41;  
that I last saw him alive on 2-27- 19 41  
and that death occurred on the date and hour stated above.

Immediate cause of death Prematurity

Due to.....

Due to.....

Other conditions 150A  
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:  
Of operations.....

Of autopsy.....

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? 0 (Specify type of place)  
(e) Means of injury 0

23. Signature J. H. Bredek (M. D. or other)  
Address 2601 N. Whittier 3-24-41  
Date signed

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

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**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, fact should be so stated above.**