

No. 2
-1-4-41
5-17-39
I X28390

FILED OCT 7 1941
Registration District No. 200

Primary Registration District No. 200

Registrar's No. 1896

1. PLACE OF DEATH: St. Louis

(a) County: St. Louis

(b) City or town: Rural Chesterfield
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Wild Horse Creek Road
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: none (Specify whether)

In this community: 78 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: St. Louis 96

(c) City or town: Chesterfield
(If outside city or town limits, write "RURAL")

(d) Street No: Wild Horse Creek Road
(If rural, give location)

(e) Citizen of foreign country? Born on the Atlantic Ocean (Yes or No)

If yes, name country: Atlantic Ocean

3. (a) PRINT FULL NAME: Charles Koewing

3. (b) If veteran, name war: none

3. (c) Social Security No.: none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 11
year 1941 hour 4 minute 15 P.M.

21. I hereby certify that I attended the deceased from March 28, 1941 to Sept. 11, 1941
that I last saw him alive on Sept. 10, 1941
and that death occurred on the date and hour stated above.

4. Sex: Male 5. Color or race: White

6. (a) Single, widowed, married, divorced: Widowed

6. (b) Name of husband or wife: Dorothea Koewing

6. (c) Age of husband or wife if alive: _____ years

7. Birth date of deceased: May 2, 1858
(Month) (Day) (Year)

Immediate cause of death: Chronic myocarditis

Due to: 93d

Due to: _____

8. AGE:

Years	Months	Days	If less than one day
<u>83</u>	<u>4</u>	<u>9</u>	hr. _____ min. _____

Other conditions: Chronic bronchitis
(Include pregnancy within 3 months of death)

9. Birthplace: Atlantic Ocean
(City, town, or county) (State or foreign country)

10. Usual occupation: Farmer

11. Industry or business: Own farm

12. Name: Fred Koewing

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

14. Maiden name: Sophia Hagen

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

Major findings:
Of operations: _____
Of autopsy: _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant: Thany Shewing

(b) Address: Chesterfield, Mo

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

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

(b) Date of occurrence: _____

17. (a) Burial (b) Date thereof: 9/14/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Antioch Cemetery

(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: _____

18. (a) Signature of funeral director: Schader Funeral Home

(b) Address: Ballwin, Mo

19. (a) SEP 13 1941 (b) B. R. Koewing
(Date received local registrar) (Registrar's signature)

23. Signature: B. R. Koewing (M. D. or other) 3

Address: Ballwin, Mo Date signed: 9-11-41

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

96
00

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 *Theo. Schrader*
Licensed Embalmer No. *3066*
P. O. Address *Bullwin, 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, fact should be so stated above.