

S. No. 2
M-9-4-41
ev. 5-17-39
X29484

32132

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.
Registrar's No. **8948**

FILED NOV 6 1942

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

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

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:
Res: - 4056 Cleveland Ave., /
(If not in hospital or institution, write street number or location)

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

In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County 000
12

(c) City or town St. Louis,
(If outside city or town limits, write "RURAL")
9 17

(d) Street No. 4056 Cleveland Ave.,
(If rural, give location)

(e) Citizen of foreign country?.....
(Yes or No)
0
If yes, name country.....

3. (a) PRINT FULL NAME ROSA KOKEN.

3. (b) If veteran, name war none

3. (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 William T. Koken, Sr. 6. (c) Age of husband or wife if alive years

7. Birth date of deceased May 2 1866
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>76</u>	<u>5</u>	<u>25</u>	hr. min.

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

10. Usual occupation at home

11. Industry or business

MOTHER FATHER

12. Name Jochim Beckettold

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

14. Maiden name unknown

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

16. (a) Informant Mr. L.E. Koken.

(b) Address 4056 Cleveland, Ave.,

17. (a) burial (b) Date thereof 10-28-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cemetery

18. (a) Signature of funeral director C.R. Lupton & Sons.

(b) Address #7233 Delmar Blvd.

19. (a) J. F. Bredsch (b) J. F. Bredsch
(Date received local registry) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 27th
year 1942 hour one minute 35 A.M.

21. I hereby certify that I attended the deceased from January 1st 1942 to October 27th 1942.
that I last saw her alive on October 27th 1942
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Carcinoma of abdominal glands

Due to metastasis of carcinoma

Due to

Other conditions none
(include pregnancy within 3 months of death)

Major findings:
Of operations none

Of autopsy none

PHYSICIAN

Duration

4 mo.

2 mo.

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) None

(b) Date of occurrence None

(c) Where did injury occur? None
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? None

While at work? None
(Specify type of place) (e) Means of injury

23. Signature Scott Newer, M.D. (M. D. or other)
Address 634 N. Grand Date signed 10/26/42

OCT 28 1942

8768

1-2 P.M.
JE-8411
634. No. 8411

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 Clarence H. Murray
Licensed Embalmer No. 4011
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, fact should be so stated above.