

FILED NOV 27 1943

Primary Registration District No. 3070

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Webster Groves
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
406 Baker 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 Lifetime (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Webster Groves
(If outside city or town limits, write "RURAL")
(d) Street No. 406 Baker Ave.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Theodore Werner Koken

3. (b) If veteran, name war no 3. (c) Social Security No. none

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

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

7. Birth date of deceased Dec 15 1896
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
46 9 6 _____ hr. _____ min.

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

10. Usual occupation Not employed

11. Industry or business _____

MOTHER FATHER { 12. Name Ernest E. Koken
13. Birthplace Ertgen Germany
(City, town, or county) (State or foreign country)
14. Maiden name Elien Johnson
15. Birthplace Ironmountain Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Olive Koken Yackey
(b) Address 406 Baker Ave., Webster Groves

17. (a) Burial (b) Date thereof 11/23/43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Bellefontaine

18. (a) Signature of funeral director Wagoner Und. Co.
(b) Address 3621 Olive St.

19. (a) NOV 23 1943 (b) E. J. McSwain, M.D.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 21
year 1943 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from Nov. 0
1943 to Nov-21, 1943
that I last saw him live on Nov. 21, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Status Epilepticus 2 days
Due to idiopathic Epilepsy 29 years
Duration

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy _____
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 E. J. McSwain, M.D.
Address Webster Groves Date signed 11/23/43

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

I X36671
26
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Dr. N. A. Hookrich
17 East Lockwood.

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

Melvin J. Kemper

Licensed Embalmer No. *4052*

P. O. Address *4005 Lexington*

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.