. S. No. 2
0M—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 6 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 7915

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2759

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Christian Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED: 004 17

(a) State Mo. (b) County
(c) City or town St. Louis 9
(If outside city or town limits, write "RURAL")
(d) Street No. 4926 Arlington Ave. 0 7
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Otillie A. Koenemann
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Oliver Koenemann
6. (c) Age of husband or wife if alive 50 years
7. Birth date of deceased Feb. (Month) 3 (Day) 1895 (Year)

8. AGE: Years 50 Months 1 Days 23 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
MOTHER FATHER
12. Name George B. Zurheide
13. Birthplace Unknown 9 (City, town, or county) (State or foreign country)
14. Maiden name Rosa Gerbig
15. Birthplace Unknown 4 (City, town, or county) (State or foreign country)
16. (a) Informant Oliver Koenemann
(b) Address 4926 Arlington Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-29-45 (Month) (Day) (Year)
(c) Place: burial or cremation New Bethlehem
18. (a) Signature of funeral director Drehmann-Harral
(b) Address 1905 Union Blvd.
19. (a) MAR 27 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 26 year 1945 hour 5 minute 30 P M.

21. I hereby certify that I attended the deceased from 2-3-, 1945 to 3-26, 1945 that I last saw h. alive on 3-26, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Graphthelmic Myopia Fax reang — Grand Duing — Duration 2 yrs
Due to Thyroid Deficiency
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations as above
Of autopsy no

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Geo. A. Mellius M. D.
Address 2739 N. Grand Date signed 3/27/45

(Licensed Embalmer's Statement on Reverse Side)

Dr. Eugene Mellies (Fr. 3826)
Grand & St. Louis
12 to 2

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 Albert R. Thompson

Licensed Embalmer No. 4237

P. O. Address St. Louis

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.