S. No. 2
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v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

FILED SEP 30 1946

State File No. 31430

Registration District No. 15-19 Primary Registration District No. 6076 Registrar's No. 1925

**1. PLACE OF DEATH:**
(a) County St. Louis,
(b) City or town Ballwin, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Highway #50.
(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 28 years
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**
(a) State Mo. (b) County St. Louis,
(c) City or town Ballwin,
(If outside city or town limits, write "RURAL")
(d) Street No. Highway #50.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Dena Koewing,
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 August Koewing,
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Feb. (Month) 7, (Day) 1861 (Year)

8. AGE: Years 85 Months 7 Days 5 If less than one day hr. min.

9. Birthplace Senate Grove, (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Housewife (retired)
11. Industry or business At home,
FATHER 12. Name Louis Rohlfing
FATHER 13. Birthplace (City, town, or county) Germany (State or foreign country)
MOTHER 14. Maiden name Wattenbrock
MOTHER 15. Birthplace (City, town, or county) Germany (State or foreign country)
16. (a) Informant Dr. Louis Rohlfing
(b) Address 7420-Teasdale, University City, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 15-46 (Month) (Day) (Year)
(c) Place: burial or Methodist Cem. Leslie, Mo.
18. (a) Signature of funeral director Schrader Funeral Home,
(b) Address Ballwin, Mo.
19. (a) 9-16-46 (Date received local registrar) (b) Ruth D. Allen (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Sept. 12, year 1946 hour 6 minute 00 A.M.
21. I hereby certify that I attended the deceased from August, 1942, to Sept. 12, 1946, that I last saw her alive on Sept. 11, 1946; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis
Due to Arteriosclerosis
Due to Senility 93d
Other conditions —
(Include pregnancy within 3 months of death)
Major findings:
Of operations —
Of autopsy —

Duration

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 B. R. Loving (M. D. or other) M.D.
Address Ballwin, Mo. Date signed 9-13-46

(Licensed Embalmer's Statement on Reverse Side)

## 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 Ballwin, 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.**