

FILED JAN 16 1947
3/7

Registration District No. _____

Primary Registration District No. 6076

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

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Wellston
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1551 Valle Avenue.
(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 St. Louis
(c) City or town Wellston
(If outside city or town limits, write "RURAL")
(d) Street No. 1551 Valle Avenue.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Henry P. Koob.

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

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lena Koob.
6. (c) Age of husband or wife if alive 73 years
7. Birth date of deceased April 3, 1859.
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
87 9 6 hr. min.

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

10. Usual occupation Machinist, retired.

11. Industry or business
MOTHER FATHER { 12. Name Dont know.
13. Birthplace Dont know.
(City, town, or county) (State or foreign country)
14. Maiden name Dont know.
15. Birthplace Dont know.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Esther Kaatman.
(b) Address 6444 Wellsmar Avenue.

17. (a) Burial (b) Date thereof 1-11-1947.
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Hope Cemetery, East St. Louis, Illinois.

18. (a) Signature of funeral director Geo. L. Pleitsch, Inc.
(b) Address 5966-68 Easton Avenue.

19. (a) 1-9-47 (b) Ruth J. Allen
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1- day 8
year 1947 hour 4 minute 15 M.

21. I hereby certify that I attended the deceased from 1940
to 1-2- 1947
that I last saw him alive on 1-2-47
and that death occurred on the date and hour stated above.

Immediate cause of death Broncho-Pneumonia
Commenced
Due to _____

Other conditions Senility
(Include pregnancy within 3 months of death)
Due to 157

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)
(c) Means of injury 2
23. Signature Dr. Walter P. Jeffor (M. D. or other) D.O.
Address 5115 Hollingshead Date signed _____

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

John J. Fetter

Licensed Embalmer No. *3880*

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.