

No. 2  
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17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF VITAL STATISTICS  
FILED MAY 14 1947

THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 15300  
Registrar's No. 4576

Registration District No. 318 Primary Registration District No. 1003

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

1. PLACE OF DEATH:  
(a) County St. Louis  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: City Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 10 hrs.  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County 000  
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 3/7  
(d) Street No. 2723 South 59th. St. 9  
(If rural, give location) 0  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME John H. Koonce  
3. (b) If veteran, name war no  
3. (c) Social Security No. none

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month May day 4th  
year 1947 hour 9 minute 05 A. M.

4. Sex male  
5. Color or race white  
6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Minnie  
6. (c) Age of husband or wife if alive years  
7. Birth date of deceased Nov. 10 1868  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 26 April 1947 to May 4 1947  
that I last saw him alive on 30 April 1947 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
78 5 24 hr. min.

Immediate cause of death Chronic hyperuricemia with decompensation Duration 1 mo

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

Due to Chronic hyperuricemia

10. Usual occupation Retired Laborer

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

11. Industry or business

Major findings: Of operations  
Of autopsy  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

MOTHER FATHER

12. Name Henry Koonce  
13. Birthplace unknown  
14. Maiden name Mary Margaret Schultz  
15. Birthplace unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Margaret O'Neal  
(b) Address 2723 South 59th St.

17. (a) burial (b) Date thereof May 6, 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill Cemetery

18. (a) Signature of funeral director Jay B. Smith  
(b) Address 7456 Manchester Ave.

19. (a) MAY 5 (b) J. F. Bredeck  
(Date received local Registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:  
(c) 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) (d) Means of injury

23. Signature Richard May (M. D. or other)  
Address 5930 South 74th Date signed 5 May 47

