No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 30 1947

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 22764

Primary Registration District No. 1003

Registrar's No. 5949

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: Marian Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 year, 6 months (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 5307 Mardel Avenue 9
(If rural, give location) 14 2

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Pauline Wilbert

3. (b) If veteran, name war ------

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 Charles

6. (c) Age of husband or wife if alive years

7. Birth date of deceased February 11th, 1871 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
76	4	7	hr. min.

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

10. Usual occupation home

11. Industry or business

FATHER
12. Name Frederick Koenneker
13. Birthplace (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Christina Kent
15. Birthplace (City, town, or county) Germany (State or foreign country)

16. (a) Informant Charles Wilbert
(b) Address 5307 Mardel, St. Louis, Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof June 21, 1947 (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Wacker-Kellett U & R.C.
(b) Address 3634 Gravois, St. Louis, Mo.

19. (a) JUN 19 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 18th year 1947 hour 11 minute 45 P. M.

21. I hereby certify that I attended the deceased from Sept 15 1946, to June 18 1947, that I last saw him alive on June 18 1947, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Arteriosclerosis generalized	2 year
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

97

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause of 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) 0
While at work? (e) Means of injury

23. Signature Ernest Younger (M. D. or other) M.D.
Address 362 Russell Date signed 6/19/47
Ernest Younger

Jefferson City Printing Co.

(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.....

Licensed Embalmer No. 2646

P. O. Address St Louisville

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.