

FILED MAR 5 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

#92841

State File No. **6370**
1863

BIRTH NO.		REG. DIST. NO. 318	PRIMARY REG. DIST. NO. 1003	Registrar's No.
1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital #1		d. STREET ADDRESS (If rural, give location) 5836 Mardel		
3. NAME OF DECEASED (Type or Print) a. (First) IDA b. (Middle) J. c. (Last) KOUNTZ		4. DATE OF DEATH (Month) (Day) (Year) Feb. 25, 1949		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 27, 1883	9. AGE (In years last birthday) 65 If UNDER 1 YEAR: Months Days If UNDER 1 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10b. KIND OF BUSINESS OR INDUSTRY Household	11. BIRTHPLACE (State or foreign country) Orchard Farm, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME William Nolle		13b. MOTHER'S MAIDEN NAME Augusta Sundermeier	14. NAME OF HUSBAND OR WIFE Edward E. Kountz	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr. Edward E. Kountz, 5836 Mardel	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, nephritis, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Cervix ANTECEDENT CAUSES DUE TO (b) Pericervical intestinal obstruction DUE TO (c) Possible carcinoma of hysterectomy II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Perforated Duodenal Ulcer.		INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 2/15/49 to 2/25/49 that I last saw the deceased alive on 2/25/49 , 19___, and that death occurred at 8:40 P. m., from the causes and on the date stated above.				
23a. SIGNATURE Dr. J. B. Foster		(Degree or title)	23b. ADDRESS St. Louis, Mo.	23c. DATE SIGNED 2/28/49
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2/28/1949	24c. NAME OF CEMETERY OR CREMATION LOCATION Memorial Park	24d. LOCATION (City, town, or township) (County) (State) St. Louis, County, Mo.	
DATE RECD. BY LOCAL OFFICE FEB 28 1949		REGISTRAR'S SIGNATURE J. B. Foster	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS BEIDERWIEDEN F. HOME, INC., 1936 St. Louis Ave.	

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

FEB 28 1949

(Licensed Embalmer's Statement on Reverse Side)

Warrner

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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed _____

Walter Paulson

Signed.....
Student Embalmer

Licensed Embalmer No. *4114*

P. O. Address *1936 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, facts should be so stated above.