

FILED JUN 27 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 21286

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 5101

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 5101		
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			c. LENGTH OF STAY (In this place) _____					
d. FULL NAME OF HOSPITAL OR INSTITUTION 4600a Delmar				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis				
d. STREET ADDRESS 4600a Delmar				d. STREET ADDRESS (If rural, give location) 4600a Delmar				
3. NAME OF DECEASED (Type or Print) a. (First) Edward			b. (Middle) A.		c. (Last) Koemeker		4. DATE OF DEATH (Month) (Day) (Year) 6/11/49	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH July 5, 1870	9. AGE (In years last birthday) 78	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY --		11. BIRTHPLACE (State or foreign country) St. Louis, Missouri		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME Henry Koemeker			13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Augusta			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) No		16. SOCIAL SECURITY NO. --		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Frank Koemeker - Florissant, Mo. 1475 W. Duchesne Dr.				
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, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Gastric Carcinoma</i>				DUE TO (b) _____				3 months
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Acute Myocarditis</i>				
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) Holt Co. Mo.		21f. HOW DID INJURY OCCUR? 15' X		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. I hereby certify that I attended the deceased from <i>May 16, 1949</i> , to <i>June 11, 1949</i> , that I last saw the deceased alive on <i>June 10, 1949</i> , and that death occurred at _____ m., from the causes and on the date stated above.				
23a. SIGNATURE <i>W. Salisbury</i>		(Degree or title) <i>M.D.</i>		23b. ADDRESS <i>3548 Sidney</i>		23c. DATE SIGNED <i>6/11/49</i>		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE <i>6/13/49</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Old St. Marcus Cem.</i>		24d. LOCATION (City, town, or county) (State) <i>St. Louis Co., Missouri</i>		
DATE REC'D BY LOCAL REG. <i>JUN 13 1949</i>		REGISTRAR'S SIGNATURE <i>J. B. Foster</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Wacker-Welderle</i>		ADDRESS <i>3634 Gravois Ave.</i>		

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

JUL 23 1954

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.

Student .....  
Student Embalmer

Signed Delia J. Krispin

Licensed Embalmer No. 3497

P. O. Address 3634 Gravois

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.