

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
 4895000

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

FILED OCT 19 1949

State File No. **34204**

BIRTH NO. _____		REG. DIST. NO. 162		PRIMARY REG. DIST. NO. 5595		Registrar's No. 73		
1. PLACE OF DEATH a. COUNTY Jefferson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jefferson				
b. CITY (If outside corporate limits, write RURAL and give township) Rural		c. LENGTH OF STAY (In this place) Rock Life		c. CITY (If outside corporate limits, write RURAL and give township) Rural		5000		
d. FULL NAME OF HOSPITAL OR INSTITUTION R. R. #1 Kimmswick, Mo.				d. STREET ADDRESS (If rural, give location) R. R. #1 Kimmswick, Mo. 0				
3. NAME OF DECEASED (Type or Print) a. (First) Gehaird			b. (Middle)		c. (Last) Konert		4. DATE OF DEATH (Month) (Day) (Year) Oct. 9, 1949	
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Dec. 14, 1866	9. AGE (In years last birthday) 82	IF UNDER 1 YEAR Months 9 Days 25	IF UNDER 24 HRS. Hours Min. 		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Jefferson, County 0		12. CITIZEN OF WHAT COUNTRY? U.S.		
13a. FATHER'S NAME Heinrich		13b. MOTHER'S MAIDEN NAME Adelheid vonderhar		14. NAME OF HUSBAND OR WIFE Elizabeth				
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 August Konert R. R. #1 Kimmswick, Mo					ADDRESS
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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Ch. Myocarditis					INTERVAL BETWEEN ONSET AND DEATH		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Senility					4 1/2 22		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION NO		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) Kimmswick Jefferson Mo				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 July , 19 46 , to Oct 9 , 19 49 , that I last saw the deceased alive on Oct 9, 1949 , and that death occurred at _____ m., from the causes and on the date stated above.								
23a. SIGNATURE Heinrich M. O. (Degree or title)				23b. ADDRESS Kimmswick, Mo		23c. DATE SIGNED 10/11/49		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 10/12/49	24c. NAME OF CEMETERY OR CREMATORY Immaculate Conception		24d. LOCATION (City, town, or county) (State) Marville, Mo.				
DATE REC'D BY LOCAL REG. Oct 11 - 49		REGISTRAR'S SIGNATURE Phil. J. Kirk 145		25. FUNERAL DIRECTOR'S SIGNATURE Meyer-Pfizingner Fenton, Mo.		ADDRESS		

District File Number _____
District Health Officer No. 9,
RECEIVED 10-17-49

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

William H. P. [Signature]

Licensed Embalmer No. _____

P. O. Address _____

*4376
Kurtwood, 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.