

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38930

State File No. _____
Registrar's No. **9997**

BIRTH NO. **76012-49** REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis,		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis,	
c. LENGTH OF STAY (In this place) 6 days		d. STREET ADDRESS (If rural, give location) 3210a So. Grand Blvd.	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Anthony Hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) Lauranell	b. (Middle)	c. (Last) Konersmann	4. DATE OF DEATH (Month) (Day) (Year) Nov. 20 1949
-------------------------------------	-----------------------------	-------------	-----------------------------	---

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Nov. 14, 1949.	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	IF UNDER 6 HRS. Days	IF UNDER 2 HRS. Hours	IF UNDER 15 MIN. Min.
----------------------	-------------------------------	--	--	---------------------------------	------------------------	----------------------	-----------------------	-----------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) St. Louis, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
---	-----------------------------------	--	--

13a. FATHER'S NAME Earl J. Konersmann	13b. MOTHER'S MAIDEN NAME Ruth Pouyer	14. NAME OF HUSBAND OR WIFE
--	--	-----------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Earl J. Konersmann	ADDRESS 3210a So. Brand Blvd.
---	-------------------------	---	--------------------------------------

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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 6 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Premature Birth		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing 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) 159
--	--	--

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"/>	21f. HOW DID INJURY OCCUR? 776X
--	--	--

22. I hereby certify that I attended the deceased from **14 Nov**, 19**49**, to **20 Nov**, 19**49**, that I last saw the deceased alive on **19 Nov**, 19**49**, and that death occurred at **5:00 A.m.**, from the causes and on the date stated above.

23a. SIGNATURE Susan A. Susanna MD	(Degree or title)	23b. ADDRESS 7205 Virginia	23c. DATE SIGNED 21 Nov 49
---	-------------------	-----------------------------------	-----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Nov. 21, 1949	24c. NAME OF CEMETERY OR CREMATORY SS. Peter & Paul Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis, Missouri.
---	--------------------------------	---	---

DATE REC'D BY LOCAL REG. NOV 21 1949	REGISTRAR'S SIGNATURE J B Sarter	25. FUNERAL DIRECTOR'S SIGNATURE Gebken-Benz Mortuary	ADDRESS 2842 Meramec St. St. Louis, 18, Mo.
---	---	--	--

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.....

.....
working under my personal supervision.

Student
Student Embalmer

Student Embalmer No.

Signed.....

N O E M B A L M I N G

Joe E. Benz
Licensed Embalmer No. 4249
2842 Meramec St.
P. O. Address St. Louis, 18, Missouri.

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.