

FILED AUG 14 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **24766**
6668
Registrar's No. _____

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Illinois b. COUNTY Clinton	
b. CITY OR TOWN St. Louis		c. CITY OR TOWN Breese	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 653 So. 4th St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Johns Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Karen b. (Middle) Sue c. (Last) Fonke			4. DATE OF DEATH (Month) (Day) (Year) Aug. 3, 1950		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	
8. DATE OF BIRTH June 24, 1950		9. AGE (In years last birthday) 10. MONTH 1 11. DAY 9 12. HOUR 13. MIN. 		11. BIRTHPLACE (State or foreign country) Breese, Ill.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY? U.S.	

13a. FATHER'S NAME Wallace H. Fonke		13b. MOTHER'S MAIDEN NAME Hilda W. Hostmeyer		14. NAME OF HUSBAND OR WIFE None	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Wallace H. Fonke, Breese, Ill.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Wilms Tumor (Kidney Sarcoma)		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. above				
* This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Wilms Tumor			20. AUTOPSY? YES <input checked="" 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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 180X	
22. I hereby certify that I attended the deceased from July 13, 1950 , to Aug 3, 1950 , that I last saw the deceased alive on Aug 3, 1950 , and that death occurred at 8:30 m., from the causes and on the date stated above.					

23a. SIGNATURE J. P. Conde (Degree or title) M.D.		23b. ADDRESS 4952 Mansfield St. Breese, Ill.		23c. DATE SIGNED Aug 3-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 8-3-50		24c. NAME OF CEMETERY OR CREMATORY St. Dominics	
24d. LOCATION (City, town, or county) (State) Breese, Ill.					

DATE REC'D BY LOCAL REG. AUG 4 1950		REGISTRAR'S SIGNATURE J. B. Swater		25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe	
				ADDRESS 4700 Washington Blvd.	

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

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 Embalmer No.

Signed Robert M Murray

Signed.....
Student Embalmer

Licensed Embalmer No. 3749

P. O. Address St. Louis, 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.