

FILED AUG 10 1950

STANDARD CERTIFICATE OF DEATH

24969

State File No.

318

1003

6453

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____ Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri	
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	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4114 W. Lee Ave.		d. STREET ADDRESS (If rural, give location) 4114 W. Lee Ave.	
3. NAME OF DECEASED (Type or Print) a. (First) Robert b. (Middle) R. c. (Last) Koenn			4. DATE OF DEATH (Month) (Day) (Year) July 27, 1950
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH March 17, 1876
9. AGE (In years last birthday) 74		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Watchman	11. BIRTHPLACE (State or foreign country) Germany
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Watchman		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME David Koenn		13b. MOTHER'S MAIDEN NAME Anelia Krueger	14. NAME OF HUSBAND OR WIFE Maggie Koenn
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.	17. INFORMANT'S SIGNATURE OR NAME Mrs. Maggie Koenn
		ADDRESS 4114 W. Lee Ave.	

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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1 yr
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma Transverse Colon		
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)

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? 153X
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22. I hereby certify that I attended the deceased from **Jan 10, 1950**, to **July 6, 1950**, that I last saw the deceased alive on **June 6, 1950**, and that death occurred at **12:00 am.**, from the causes and on the date stated above.

23a. SIGNATURE [Signature]	(Degree or title) DD	23b. ADDRESS 4114 W. Lee Ave.	23c. DATE SIGNED 7/27/50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 7-29-50	24c. NAME OF CEMETERY OR CREMATORY Hallfontaine Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis, Mo.
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DATE REC'D BY LOCAL REG. JUL 28 1950	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE Math Hermann & Son, Inc.	ADDRESS 2161 E. Fair Ave.
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WRITE PLAINLY—USING UNFADING 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.

Signed.....
Student Embalmer

Signed

Student Embalmer No.

Licensed Embalmer No. 3737

P. O. Address W. Davis, Mississ...

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.