

FILED AUG 25 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 28378  
Registrar's No. 7041

BIRTH NO. \_\_\_\_\_ 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	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	c. LENGTH OF STAY (in this place) 27 days	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo. 2049	
d. FULL NAME OF HOSPITAL OR INSTITUTION Mo. Baptist Hospital		d. STREET ADDRESS (If rural, give location) 6810 Plateau avenue	

3. NAME OF DECEASED (Type or Print)	a. (First) Linda	b. (Middle) Marie	c. (Last) Koenig	4. DATE OF DEATH (Month) (Day) (Year) Aug 16 1950
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 3-24-1888	9. AGE (In years last birthday) Months Days Hours Min. 62 4 22
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Harvester, Mo.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Henry Kierker	13b. MOTHER'S MAIDEN NAME Minnie Bechebrede	14. NAME OF HUSBAND OR WIFE Victor C. Koenig
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Mrs Victor Koenig, 7550 Ellis avenue	ADDRESS
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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
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fr Skull; Large Hemorrhage started in R. Parietal lobe (mid-portion) suffered about 5:30 pm July 20 1950 when car operated by Victor Koenig, husband of deceased. (b) DUE TO (c) Best Highway #17, 1 mile north of Reddick Ill and struck embankment.		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		II. OTHER SIGNIFICANT CONDITIONS contributing to the death but not related to the disease or condition causing death.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION Right side of head Accident 8/7	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT (Specify) Suicide death	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) (near) Reddick Ill
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) July 20 50 8 p m	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? E 8714
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22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at 7:00 p. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) [Signature]	23b. ADDRESS 1300 Clark	23c. DATE SIGNED 8/19/50
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24a. BURIAL CREATION REMOVAL (Specify) Burial	24b. DATE 8-19-50	24c. NAME OF CEMETERY OR CREMATORY Laurel Hill	24d. LOCATION (City, town, or county) (State) St. Louis, County Mo.
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DATE REC'D BY LOCAL REG. AUG 19 1950	REGISTRAR'S SIGNATURE J. B. Larster	25. FUNERAL DIRECTOR'S SIGNATURE Jay B. Smith, 7456 Manchester Maplewood, Mo.	ADDRESS
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*Null*

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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.....  
Student Embalmer

Signed *J. Allen Davis*

Licensed Embalmer No. *4053*

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.