

No. 300
10-48

XC-FILED FEB 16 1951
REG. # 91437

STANDARD CERTIFICATE OF DEATH

State File No. 7089

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 267

1. PLACE OF DEATH a. COUNTY ST. LOUIS		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 JEFFERSON BARRACKS, MO.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS	
c. LENGTH OF STAY (in this place) 5 DAYS		d. STREET ADDRESS (If rural, give location) 4515 ^a PAGE AVENUE	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSP.			

3. NAME OF DECEASED (Type or Print) MCKINLEY			4. DATE OF DEATH JANUARY 28, 1951		
a. (First)		b. (Middle)		c. (Last) KOONCE	
5. SEX MALE	6. COLOR OR RACE NEGRO	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 10-4-1895	9. AGE (In years last birthday) 55	10. UNDER 1 YEAR Months 3 Days 24
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PORTER		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) ALAMO, TENN.	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME WITT KOONCE		13b. MOTHER'S MAIDEN NAME EMMA ROBINSON		14. NAME OF HUSBAND OR WIFE BERTHA KOONCE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW-I		16. SOCIAL SECURITY NO. 410-24-6741		17. INFORMANT'S SIGNATURE OR NAME VA HOSPITAL RECORDS	
18. CAUSE OF DEATH		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CHRONIC & ACUTE BRONCHOPNEUMONIA			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) TRACHEAL OBSTRUCTION, PARTIAL DUE TO (c) ANEURYSM OF THE AORTA			
		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 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) VA m.		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 1-24-51, 1951, to 1-28-51, 1951, and that death occurred at 3:45p m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) M.D.		23b. ADDRESS VET ADM HOSP, JEFF BRKS, MO.		23c. DATE SIGNED 1-28-51	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Shipping		24b. DATE 2-2-1951		24c. NAME OF CEMETERY OR CREMATORY Brownsville	
				24d. LOCATION (City, town, or county) (State) Jones	

DATE REC'D BY LOCAL REG. 1/31/51		REGISTRAR'S SIGNATURE Herbert P. Tomke M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ATKINS BROS FUNERAL HOME, ST. LOUIS, MO.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD—

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DEC 17 1951

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

Louis V. Atkins

Licensed Embalmer No. *2842*

P. O. Address *3644 Finley*

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.