

STANDARD CERTIFICATE OF DEATH

State File No. **24881**
 Registrar's No. **6203**

FILED JUL 26 1951

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6203

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____		
1. PLACE OF DEATH a. COUNTY 0				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) 24		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		249		
d. FULL NAME OF HOSPITAL OR INSTITUTION: 2308a Pestalozzi				e. STREET ADDRESS (If rural, give location) 2308a Pestalozzi 0				
3. NAME OF DECEASED (Type or Print) a. (First) Zetta b. (Middle) _____ c. (Last) Koons			4. DATE OF DEATH (Month) (Day) (Year) 7/10/51					
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow 2		8. DATE OF BIRTH Jan. 11, 1879		9. AGE (In years last birthday) 72	# UNDER 1 YEAR Months _____ Days _____	# UNDER 6 Wks. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home			10b. KIND OF BUSINESS OR INDUSTRY --		11. BIRTHPLACE (State or foreign country) Illinois /		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Petery Thouvenin			13b. MOTHER'S MAIDEN NAME Minerva Green		14. NAME OF HUSBAND OR WIFE Wesley			
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 ADDRESS Elmer Koons--2308a Pestalozzi				
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, asphyxia, etc. It means the disease, injury, or complication which caused death.								
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ac. Cor. Collapse						INTERVAL BETWEEN ONSET AND DEATH sudden		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chr. Myocarditis						Several yrs		
DUE TO (c) Hypertension						Unknown		
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 checked="" 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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? H413X				
22. I hereby certify that I attended the deceased from June 19, 1951 , to July 10, 1951 , that I last saw the deceased alive on July 9, 1951 , and that death occurred at 4:45 p. m. , from the causes and on the date stated above.								
23a. SIGNATURE Leo P. Young, M.D. (Degree or title)				23b. ADDRESS 2621 J. Jefferson		23c. DATE SIGNED 7/11/51		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7/13/51	24c. NAME OF CEMETERY OR CREMATORY New St. Marcus Cem.		24d. LOCATION (City, town, or county) (State) St. Louis Co., Missouri			
DATE REC'D BY LOCAL REG. JUL 11 1951		REGISTRAR'S SIGNATURE J. B. Lauster		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wacker-Wilderle 3634 Gravois				

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

Ann

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 Wheeler

Signed.....
Student Embalmer

Licensed Embalmer No. 2128

P. O. Address St. Ann's Md

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.