

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **4224**  
Registrar's No. **8**

FILED FEB 19 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **5** PRIMARY REG. DIST. NO. **5187**

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

1. PLACE OF DEATH a. COUNTY <b>Cape Girardeau</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Cape Girardeau</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Rural Hubble</b>	c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) <b>Rural Hubble 0160</b>	d. STREET ADDRESS (If rural, give location) <b>Jackson Mo R#2</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Jackson Mo R#2</b>			

3. NAME OF DECEASED (Type or Print) <b>Emma</b>	a. (First)	b. (Middle)	c. (Last) <b>Koenig</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Feb 7 1952</b>
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5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>June 28 1867</b>	9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 12 HRS. Min. <b>84 7 29</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House work</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Pocahontas Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Herman Gerth</b>	13b. MOTHER'S MAIDEN NAME <b>Not Known</b>	14. NAME OF HUSBAND OR WIFE <b>Herman Koenig</b>
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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) <b>no</b>	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs Hy Borgfield Jackson Mo R#2</b>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>Feb 7-62</b>
	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocarditis Rheuma</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____		
11. 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"/>
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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) <b>4222</b>
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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
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22. I hereby certify that I attended the deceased from **July 10, 1947**, to **Feb. 7, 1952**, that I last saw the deceased alive on **Feb. 7, 1952**, and that death occurred at **3 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>W. H. Ford MD</b>	(Degree or title)	23b. ADDRESS <b>Gordonville, Mo.</b>	23c. DATE SIGNED <b>2/9/52</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Feb 10 1952</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Geon Lutheran</b>	24d. LOCATION (City, town, or county) (State) <b>Pocahontas Mo</b>
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DATE REC'D BY LOCAL REG. <b>Feb 11-52</b>	REGISTRAR'S SIGNATURE <b>B. S. Lubert</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Mrs Combs 4 units Med Co Jackson Mo</b>
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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.....

*BA Meyer*

Licensed Embalmer No. *3057*

P. O. Address.....

*Jackson 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.