

FILED SEP 24 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33558

7939

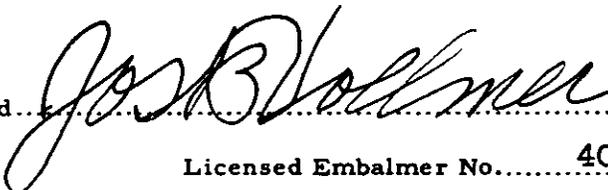
BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri				b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN St. Louis, Missouri)		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital				STREET ADDRESS (If rural, give location) 22 2800 Caroline		2229			
3. NAME OF DECEASED (Type or Print) BERTHA			a. (First)		b. (Middle) KOONTZ		c. (Last)		
4. DATE OF DEATH AUGUST 11, 1953		(Month) (Day) (Year)		5. SEX Female		6. COLOR OR RACE White			
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Feb 4 1900		9. AGE (In years last birthday) 53		IF UNDER 1 YEAR Months _____ Days _____			
IF UNDER 1 YEAR Hours _____ Min. _____		IF UNDER 1 YEAR Hours _____ Min. _____		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home			
11. BIRTHPLACE (City and State or Foreign Country) Ava Missouri		12. CITIZEN OF WHAT COUNTRY? _____		13a. FATHER'S NAME John Oberman		13b. MOTHER'S MAIDEN NAME Elizabeth Unknown			
14. NAME OF HUSBAND OR WIFE Frederick Koontz		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 Frederick Koontz			
ADDRESS 2800 Caroline		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) _____		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) BRAIN TUMOR (TYPE NOT DETERMINED)		INTERVAL BETWEEN ONSET AND DEATH _____			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		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) 237X			
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? _____		22. I hereby certify that I attended the deceased from 8-6-53 , 19____, to 8-11-53 , 19____, that I last saw the deceased alive on 8-11-53 , 19____, and that death occurred at 10:20P m. , from the causes and on the date stated above.			
23a. SIGNATURE William A. Schnur		(Degree or title) M.D.		23b. ADDRESS 1515 Lafayette Avenue		23c. DATE SIGNED 8-12-53			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Aug 14 53		24c. NAME OF CEMETERY OR CREMATORY St. Matthews		24d. LOCATION (City, town, or county) (State) St. Louis Missouri			
DATE REC'D BY LOCAL REG. AUG 14 1953		REGISTRAR'S SIGNATURE E.J. Schnur		25. FUNERAL DIRECTOR'S SIGNATURE E.J. Schnur		ADDRESS 3125 Lafayette			

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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....


Licensed Embalmer No..... 401

P. O. Address..... 3125 Lafayette

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.