

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40712

FILED NOV 19 1953

State File No.
Registrar's No. 10420

| | | | | | | | |
|---|--|--|---|--|--|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. 318 | | PRIMARY REG. DIST. NO. 1003 | | Registrar's No. 10420 | |
| 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) 8 days | | c. CITY OR TOWN St. Louis | | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Mo. Baptist Hospital | | | | 6. STREET ADDRESS (If rural, give location) 2851 Arlington Avenue | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Mary b. (Middle) Ellen c. (Last) Koob | | | 4. DATE OF DEATH (Month) (Day) (Year) 11 - 2 - 1953 | | | | |
| 5. SEX Fem | | 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | | 8. DATE OF BIRTH 8 - 6 - 1874 | |
| 9. AGE (In years last birthday) 79 | | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY At home | | 11. BIRTHPLACE: (City and State or Foreign Country) New York City, No.Y. | |
| 12. CITIZEN OF WHAT COUNTRY? _____ | | 13a. FATHER'S NAME unknown | | 13b. MOTHER'S MAIDEN NAME unknown | | 14. NAME OF HUSBAND OR WIFE John Koob | |
| 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 Mrs. Velma Wood, 2851 Arlington ADDRESS _____ | | | |
| 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>auricular fibrillation</i> ANTECEDENT CAUSES DUE TO (b) <i>arteriosclerotic Heart Disease</i> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Diabetes mellitus</i> | | | | | INTERVAL BETWEEN ONSET AND 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. HOW DID INJURY OCCUR? _____ 4200 | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 22. I hereby certify that I attended the deceased from <i>9/26</i> , 1953, to <i>11/2</i> , 1953, that I last saw the deceased alive on <i>11/2</i> , 1953, and that death occurred at <i>12:45 PM</i> , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE <i>H.F. Bergman</i> | | (Degree or title) <i>M.D.</i> | | 23b. ADDRESS <i>3220 Washington</i> | | 23c. DATE SIGNED <i>11/3/53</i> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | | 24b. DATE <i>11/5/53</i> | | 24c. NAME OF CEMETERY OR CREMATORY <i>Mt. Hope Cemetery</i> | | 24d. LOCATION (City, town, or county) (State) <i>East St. Louis Ill.</i> | |
| DATE REC'D BY LOCAL REG. NOV 3 1953 | | REGISTRAR'S SIGNATURE <i>Carl Smith</i> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Drehmann-Harral 1905 Union Blvd.</i> | | | |

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..... *Albert R. Thompson*.....

Licensed Embalmer No... *4271*

P. O. Address *St. Louis*

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.