

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 1702

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| 1. PLACE OF DEATH<br>a. COUNTY <u>St Louis</u>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Mo.</u> COUNTY <u>St Louis</u> |   |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Manchester</u> |  | c. LENGTH OF STAY (in this place) <u>9 yrs</u>   | c. CITY OR TOWN <u>Manchester</u> <u>474</u> <sup>0</sup> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Manchester Nursing Home</u>                         |  | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>               |   |
|  |  | e. STREET ADDRESS (If rural, give location) <u>Manchester Nursing Home</u>   |   |

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| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <u>Alice</u> | b. (Middle) | c. (Last) <u>Koneman</u> | 4. DATE (Month) (Day) (Year)<br><u>July 15 1954</u> |
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|--|-------------------------------|--|---|--|--------------------|------------------|
| 5. SEX <u>Female</u>   | 6. COLOR OR RACE <u>white</u> | 7. MARRIED, NEVER-MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u> | 8. DATE OF BIRTH (Month) (Day) (Year)<br><u>1903</u>                        | 9. UNDER 1 YEAR (Months) (Days) <u>1 8</u> | 10. HOURS <u>8</u> | 11. MIN. <u></u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Invalid</u> |                               | 10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>                        | 11. BIRTHPLACE (City and State or Foreign Country) <u>Sioux Falls, S.D.</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |                    |                  |

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|-----------------------------------|--|---|
| 13a. FATHER'S NAME <u>unknown</u> | 13b. MOTHER'S MAIDEN NAME <u>not available</u> | 14. NAME OF HUSBAND OR WIFE <u>Single</u> |
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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) <u>No.</u> | 16. SOCIAL SECURITY NO. <u>None</u> | 17. INFORMANT'S SIGNATURE, NAME AND ADDRESS<br><u>Manchester Nursing Home records</u> |
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| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br><i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i> | MEDICAL CERTIFICATION   |                                  | INTERVAL BETWEEN ONSET AND DEATH<br><u>1 day</u><br><u>3 days</u><br><u>since birth</u> |
|  | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Cardiac Dilatation due to feet exhaustion</u>                           | DUE TO (b) <u>Cerebral palsy</u> |   |
|  | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br><br>DUE TO (c) |                                  |   |
|  | II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.     |                                  |   |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)<br><u>352KF</u> |
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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 7-1, 1954, to 7-15, 1954, that I last saw the deceased alive on 7-13, 1954, and that death occurred at 1:30 p.m., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>[Signature]</u> (Degree or title) | 23b. ADDRESS <u>Kirkwood, Mo.</u> | 23c. DATE SIGNED <u>7/15/54</u> |
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| 24a. BURIAL CREMATION REMOVAL (Specify) <u>Removal</u> | 24b. DATE <u>7-15-1954</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Sioux Falls S.D.</u> |
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| DATE REC'D BY LOCAL REG. <u>7/15/54</u> | REGISTRAR'S SIGNATURE <u>[Signature]</u> | 25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS<br><u>Louis H. Bopp, Inc. Kirkwood, Mo.</u> |
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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..... *V E Morris*

Licensed Embalmer No. *736*

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.