

FILED APR 21 1955

STANDARD CERTIFICATE OF DEATH

14319

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>500</u>		Registrar's No. <u>855</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>			
b. CITY OR TOWN <u>Rural-Bonhomme</u>		c. LENGTH OF STAY (in this place) <u>23 yrs.</u>		c. CITY OR TOWN <u>Manchester</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Clayton Rd.</u>				STREET ADDRESS (If rural, give location) <u>Clayton Rd.</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Henry</u>		b. (Middle) <u>C.</u>		c. (Last) <u>Koewing</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Apr 11 1955</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Caretaker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Mo. State Patrol</u>		8. DATE OF BIRTH <u>Sept 3, 1887</u>		9. AGE (In years last birthday) <u>67</u> IF UNDER 1 YEAR: Months <u>7</u> Days <u>8</u> IF UNDER 24 HRS. Hours <u> </u> Min. <u> </u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Henry Koewing</u>		13b. MOTHER'S MAIDEN NAME <u>Elisabeth Hensig</u>	
14. NAME OF HUSBAND OR WIFE <u>Emelia Koewing</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>498-34-5805</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Emelia Koewing Rt 1 Manchester Mo.</u>	
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <u>5 min</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Arteriosclerosis</u>		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic Heart Disease</u> DUE TO (c) _____				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) <u>4200</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 <u>Mar 14</u> , 1955, to <u>April 11</u> , 1955, that I last saw the deceased alive on <u>April 10</u> , 1955, and that death occurred at <u>6:15 p. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>James F. Scott M.D.</u>				23b. ADDRESS <u>Ballwin Mo</u>		23c. DATE SIGNED <u>April 12 55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4-13-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Elmlawn</u>		24d. LOCATION (City, town, or county) (State) <u>Clayton & Ballwin Mo</u>	
DATE REC'D BY LOCAL REG. <u>4-13-55</u>		REGISTRAR'S SIGNATURE <u>Nerbert R. Dombko</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Schrader Funeral Home Ballwin, Mo.</u>			

Licensed Embalmer's Statement on Reverse Side)

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 *Richard Bopp*.....

Licensed Embalmer No. *458*.....

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