

FILED JUN 17 1955

STANDARD CERTIFICATE OF DEATH

State File No. _____

| | | | | | | | |
|---|---|--|--|--|--|--|---|
| BIRTH NO. _____ | | REG. DIST. NO. <u>179</u> | | PRIMARY REG. DIST. NO. <u>5667</u> | | Registrar's No. <u>64</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>Lincoln</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Charles</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Troy - RURAL</u> | | c. LENGTH OF STAY (In this place) <u>4 days</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Wentzville</u> | | <u>0920</u> | |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Lincoln County Memorial Hospital.</u> | | | | d. STREET ADDRESS (If rural, give location) | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Katherine</u> b. (Middle) <u>Caroline</u> c. (Last) <u>Koenig</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>June 8 1955</u> | | | | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | 8. DATE OF BIRTH <u>May 27, 1862</u> | | 9. AGE (In years last birthday) <u>93</u> | IF UNDER 1 YEAR Months <u>11</u> Days _____ | IF UNDER 24 HRS. Hours _____ Mins. _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>St. Charles Co. Mo.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>William Schiermeier</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Lena Brockman</u> | | 14. NAME OF HUSBAND OR WIFE _____ | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>None</u> | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Ella Williams Wentzville, 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, ashenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial degeneration</u> ANTECEDENT CAUSES DUE TO (b) <u>Cerebral apoplexy.</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>334X</u> | | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>6 days</u> <u>2 Wk.</u> |
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION _____ | | | | 20. AUTOPSY? YES <input 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) _____ | | | |
| 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 <u>March 1955</u> , to <u>June 8, 1955</u> , that I last saw the deceased alive on <u>6/8</u> , 1955, and that death occurred at <u>11:30 P.M.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>H. C. Mc Murray M.D.</u> | | | | 23b. ADDRESS <u>Wentzville, Mo</u> | | 23c. DATE SIGNED <u>6/8/55</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>June 11, 1955</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Koenig Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Wentzville, Mo.</u> | | |
| DATE REC'D BY LOCAL REG. <u>6-18-1955</u> | | REGISTRAR'S SIGNATURE <u>Emma B. Riddle</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Morris Marchany</u> | | ADDRESS <u>Wentzville, Mo</u> | |

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
Student Embalmer

Signed Howard O Kessler

Licensed Embalmer No. 4631

P. O. Address Wentzville

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.