

FILED MAR 5 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **6775**
Registrar's No. **1885**

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Jefferson	
b. CITY OR TOWN St. Louis		c. CITY OR TOWN	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) 2yrs.		e. STREET ADDRESS (If rural, give location) Old Sugar Cr. Rd.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4434 Dewey Ave.			
3. NAME OF DECEASED (Type or Print) a. (First) Ida b. (Middle) c. (Last) Konert			4. DATE OF DEATH (Month) (Day) (Year) 2 21 1956
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 22 1880
9. AGE (In years last birthday) 75		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	11. BIRTHPLACE (City and State or Foreign Country) Rock Creek Mo.
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Jacob Diehl		13b. MOTHER'S MAIDEN NAME Sophie Hogg	14. NAME OF HUSBAND OR WIFE Barney Konert
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Leo Fieser, Fenton, Missouri
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis		INTERVAL BETWEEN ONSET AND DEATH Instantaneous	
* 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 Cardiovascular disease	
II. OTHER SIGNIFICANT CONDITIONS		Interval between onset and death 4 years	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 420.1	
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. 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 July 31, 1954 , to Feb. 21, 1956 that I last saw the deceased alive on Feb. 1, 1956 , and that death occurred at 5:15PM , from the causes and on the date stated above.			
23a. SIGNATURE A. W. Oster (Degree or title) M.D.		23b. ADDRESS 4145 a S. Grand Blvd.	23c. DATE SIGNED 2/22/56
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Feb. 25/56	24c. NAME OF CEMETERY OR CREMATORY Rock Creek	24d. LOCATION (City, town, or county) (State) Jefferson Co. Mo.
DATE REC'D BY LOCAL REG. FEB 23 1956	REGISTRAR'S SIGNATURE J. C. Smith	25. FUNERAL DIRECTOR'S SIGNATURE Leaff Zieser ADDRESS Fenton Mo.	

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.....
Geo. J. Klinglermuelle Jr

Licensed Embalmer No. *461*

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.