

FILED MAY 24 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **18961**

BIRTH NO. _____		REG. DIST. NO. <b>317</b>		PRIMARY REG. DIST. NO. <b>531</b>		Registrar's No. <b>1171</b>	
1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>University City</b>		c. LENGTH OF STAY (in this place) <b>14 months</b>		c. CITY OR TOWN <b>4336 University City</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>Christian Old People's Home</b>				e. STREET ADDRESS (If rural, give location) <b>6600 Washington Avenue</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Annie</b> b. (Middle) <b>V.</b> c. (Last) <b>Koeneke</b>			4. DATE OF DEATH (Month) <b>May</b> (Day) <b>7</b> (Year) <b>1956</b>				
5. SEX <b>Female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>never married</b>	8. DATE OF BIRTH <b>June 21, 1867</b>	9. AGE (In years last birthday) <b>89</b>	10. UNDER 1 YEAR Days <b>10</b>	11. UNDER 24 HRS. Hours <b>16</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Welfare Worker - (unk)</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>(unk)</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>? Illinois</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>	
13a. FATHER'S NAME <b>Charles Koeneke</b>		13b. MOTHER'S MAIDEN NAME <b>C. Linnean p</b>		14. NAME OF HUSBAND OR WIFE <b>None</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. J. Sprague 6600 Washington</b>			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Metastatic Carcinoma Breast</b>				INTERVAL BETWEEN ONSET AND DEATH <b>15 years</b>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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) _____			
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? _____			
22. I hereby certify that I attended the deceased from <b>July 1, 1955</b> , to <b>May 5, 1956</b> , that I last saw the deceased alive on <b>May 5, 1956</b> , and that death occurred at <b>4:15 A.M.</b> m., from the causes and on the date stated above.							
23a. SIGNATURE <b>Jan E. Holmes, M.D.</b>				23b. ADDRESS <b>6600 Washington, St. Louis</b>		23c. DATE SIGNED <b>May 7, 1956</b>	
24a. BURIAL, CREMATION REMOVAL (Specify) <b>REMOVAL</b>		24b. DATE <b>5/9/56</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Bellefontaine Cem.</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis Missouri</b>		
DATE REC'D BY LOCAL REG. <b>5-9-56</b>		REGISTRAR'S SIGNATURE <b>Herbert R. Romberg</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>1905 Union Blvd. - Brehmann-Harral</b>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300  
0.48

**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 *Warren P. Carver*.....  
Licensed Embalmer No. *35*.....

P. O. Address .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.