

FILED AUG 14 1956 STANDARD CERTIFICATE OF DEATH

State File No. 25501
Registrar's No. 1832

BIRTH NO. 66962-56 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 547

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

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| 1. PLACE OF DEATH a. COUNTY St. Louis | | 2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE Missouri b. COUNTY St. Louis | |
| b. CITY (If outside corporate limits, write RURAL and give township) Richmond Hts | | c. CITY OR TOWN Clayton | |
| c. LENGTH OF STAY (In this place) 3 hrs. | | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Hospital | | e. STREET ADDRESS (If rural, give location) 6420 Clayton Rd. | |

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|-------------------------------------|-------------------------|---------------------------|-----------------------|---|
| 3. NAME OF DECEASED (Type or Print) | a. (First) Sarah | b. (Middle) Vinita | c. (Last) Koby | 4. DATE OF DEATH (Month) (Day) (Year) July 30 1956 |
|-------------------------------------|-------------------------|---------------------------|-----------------------|---|

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|----------------------|-------------------------------|---|---------------------------------------|--|---|---|
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married | 8. DATE OF BIRTH July 30, 1956 | 9. AGE (In years last birthday) 8 | IF UNDER 1 YEAR Months 0 Days 0 | IF UNDER 24 HRS. Hours 0 Min. 0 |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None | 10b. KIND OF BUSINESS OR INDUSTRY None | 11. BIRTHPLACE (City and State or Foreign Country) St. Louis County, Missouri | 12. CITIZEN OF WHAT COUNTRY? USA |
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| 13a. FATHER'S NAME Vernon E. Koby | 13b. MOTHER'S MAIDEN NAME Sallye Swanagon | 14. NAME OF HUSBAND OR WIFE None |
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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) No | 16. SOCIAL SECURITY NO. None | 17. INFORMANT'S SIGNATURE OR NAME Mr. Vernon E. Koby, 55 W. St. Anthony Florissant | ADDRESS |
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| 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, asphyxia, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prematurity | | INTERVAL BETWEEN ONSET AND DEATH |
| | ANTECEDENT CAUSES DUE TO (b) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | |
| | DUE TO (c) | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | 776x | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) |
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| 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 **Birth**, **1948** to **30 July, 1956**, that I last saw the deceased alive on **30 July, 1956**, and that death occurred at **4 P.M.**, from the causes and on the date stated above.

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| 23a. SIGNATURE Theodore W. Mearns M.D. (Degree or title) | 23b. ADDRESS 16 Hampton Village Plaza | 23c. DATE SIGNED 31 July 56 |
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|--|---------------------------|--|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 24b. DATE 8-2-1956 | 24c. NAME OF CEMETERY OR CREMATORY Calvary Cem. | 24d. LOCATION (City, town, or county) (State) St. Louis, Mo. |
|--|---------------------------|--|---|

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| DATE REC'D BY LOCAL REG. 7-31-56 | REGISTRAR'S SIGNATURE Herbert R. Donahue | 25. FUNERAL DIRECTOR'S SIGNATURE Calvin F. Feutz, 4828 Nat'l. Bridge Blvd. 15 | ADDRESS |
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Removal 1924 to 7th floor.
12:30 to 4. pm
19th + Madison St
till noon

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..... *Not Embalmed.* Signed *John A. Mena*
Signature of Student Embalmer

Licensed Embalmer No. *418*
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.