

FILED AUG 22 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **20487**  
Registrar's No. **1818**

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. <b>1818</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. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. John</b>		c. LENGTH OF STAY (in this place) <b>3 mths.</b>		c. CITY OR TOWN <b>St. Louis</b>		Residence within limits of City or Incorporated town? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Rugh Manor Rest Home</b>				e. STREET ADDRESS (If rural, give location) <b>4866 Carter Avenue</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>EMIL</b>		b. (Middle) <b>J.</b>		c. (Last) <b>KONERTZ</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>July 28, 1956</b>	
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Dec. 23, 1889</b>	
9. AGE (In years last birthday) <b>66</b>		IF UNDER 1 YEAR Months <b>7</b> Days <b>5</b>		IF UNDER 24 HRS. Hours <b></b> Min. <b></b>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Cement Mason</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>W. Shergen Co.</b>		11. BIRTHPLACE (City and State for Foreign Country) <b>Ft. Smith Arkansas</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Nicholas J. Konertz</b>		13b. MOTHER'S MAIDEN NAME <b>Anna Kaiser</b>		14. NAME OF HUSBAND OR WIFE <b>Lottie Cole</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>497-03-7775</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Raymond J. Konertz</b> ADDRESS <b>4866 Carter Av.</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>- Diabetes</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Myocarditis</b> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death. <b>Spinal Paraplegia 2 yrs</b>				INTERVAL BETWEEN ONSET AND DEATH <b>2 yrs</b> <b>1 yr</b>	
19a. DATE OF OPERATION <b>Various</b>		19b. MAJOR FINDINGS OF OPERATION <b>Spinal Paraplegia 2 yrs</b>				20. AUTOPSY? <b>260X</b> 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) (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 <b>July 1, 1956</b> , to <b>July 28, 1956</b> , that I last saw the deceased alive on <b>July 27, 1956</b> , and that death occurred at <b>7:30 P.M.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>W. A. Schumacher M.D.</b>				23b. ADDRESS <b>8863 N. Cedar</b>		23c. DATE SIGNED <b>July 28-56</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>July 31 1956</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo</b>	
DATE REC'D BY LOCAL REG. <b>7-30-56</b>		REGISTRAR'S SIGNATURE <b>Herbert B. Donahue</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>4746 ADDRESS, Bromschwig and Son W Florissant</b>			

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

4001 4

VS JUL 19 1961

**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 *J. W. Denton*.....  
Licensed Embalmer No. *365*.....  
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.