

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-039152

STATE FILE NUMBER

8

NOV 18 1958

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 521

1. PLACE OF DEATH a. COUNTY Cape Girardeau				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis						
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Cape Girardeau		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Lemay		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Cape Osteopathic			Length of stay in lb 18 days		d. STREET ADDRESS (If outside, give location) 945 R. Regina		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First Theodore Middle Emmanuel Last Koenig				4. DATE OF DEATH Month October Day 28 Year 1958						
5. SEX Male		6. COLOR OR RACE White		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH June 1, 1912		9. AGE (In years last birthday) 46 IF UNDER 1 YEAR: Months _____ Days _____ Hours _____ Min. _____ IF UNDER 24 HRS. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Station Attendant			10b. KIND OF BUSINESS OR INDUSTRY Filling Station		11. BIRTHPLACE (City and state or country) Pocahontas, Mo.			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME Gustave Koenig				14. MOTHER'S MAIDEN NAME Mary Tiedman						
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. 499-03-7712		17. INFORMANT Mrs. Mary Koenig, Lemay, Mo.			Address _____		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Failure DUE TO (b) Cardiac Decompensation DUE TO (c) Hypostatic Pneumonia PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Sub-total Colectomy 10/19/58								INTERVAL BETWEEN ONSET AND DEATH 10 days		
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 57 ✓						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2	
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____			20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE		
21. I attended the deceased from 10-19-58 to 10-28-58 and last saw her/him alive on 10-28-58 Death occurred at 7:33 P.m. on the date stated above; and to the best of my knowledge, from the causes stated.										
22a. SIGNATURE (Degree or title) A. T. Scherrod 202					22b. ADDRESS Cape Girardeau, Mo.			22c. DATE SIGNED 11/13/58		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 10/31/58		23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery			23d. LOCATION (City, town, or county) (State) Cape Girardeau, Mo.			
24. FUNERAL DIRECTOR C. J. Lorberg				ADDRESS Cape Girardeau, Mo.			25. DATE RECD. BY LOCAL REG. Nov. 12, 1958		26. REGISTRAR'S SIGNATURE Mrs. Homer Cooper	

Copies in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 _____

Licensed Embalmer No. 3

P. O. Address Cape Girardeau

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