

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-011104

STATE FILE NUMBER

2956

Registration District No. 11 Primary Registration District No. 11 Registrar No. 2956

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-57

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| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis, Mo.</u> | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN <u>St. Louis</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Anthony Hosp.</u> | | Length of stay in lb | d. STREET ADDRESS (If outside, give location) <u>5406 Alaska</u> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> |

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| 3. NAME OF DECEASED (Type or print) First <u>Matilda</u> Middle <u>(Mattie)</u> Last <u>Koenen</u> | | | 4. DATE OF DEATH Month <u>Mar.</u> Day <u>21</u> Year <u>1959</u> | |
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| 5. SEX <u>female</u> | 6. COLOR OR RACE <u>white</u> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <u>Feb. 16, 1886</u> | 9. AGE (In years birthday) <u>73</u> | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>at home</u> | 11. BIRTHPLACE (City and state or country) <u>Missouri</u> | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |
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| 13a. FATHER'S NAME <u>August Winney</u> | 13b. MOTHER'S MAIDEN NAME <u>Angeline Keller</u> | 14. NAME OF HUSBAND OR WIFE <u>John J. Koenen SR.</u> |
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| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service) <u>no</u> | 16. SOCIAL SECURITY NO. <u>none</u> | 17. INFORMANT <u>John J. Koenen Sr.</u> | Address <u>5406 Alaska</u> |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Carcinoma Stomach Primary</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>7 weeks</u> |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>generalized metastasis</u> DUE TO (c) <u>151X</u> | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |

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| 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.) |
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| 20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. | 20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE 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 |
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| 21. I attended the deceased from <u>2/2/59</u> to <u>3/21/59</u> and last saw her alive on <u>3/21/59</u> Death occurred at <u>810 p.m.</u> on the date stated above; and to the best of my knowledge, from the causes stated. |
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| 22a. SIGNATURE (Degree or title) <u>Michael L. Bartnial M.D.</u> | 22b. ADDRESS <u>7615 So Broadway</u> | 22c. DATE SIGNED <u>3/23/59</u> |
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| 23a. NAME OF CEMETERY OR CREMATORY <u>Resurrection</u> | 23b. DATE <u>3-24-59</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Resurrection Cem.</u> | 23d. LOCATION (City, town, or county) (State) <u>St. Louis County, Mo.</u> |
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| 24. FUNERAL DIRECTOR <u>Southern Funeral Home</u> <u>6322 S. Grand, St. Louis, Mo.</u> | 25. DATE RECD. BY LOCAL REG. <u>MAR 24 59</u> | 26. REGISTRAR'S SIGNATURE <u>Loan Smith, M.D.</u> |
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

Dr. Carlmitt
7615 S Body
Fl 23706
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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 *Amie Van Fossan*

Licensed Embalmer No. *4912*
P. O. Address *St. Louis Mo.*

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.