

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-016223

STATE FILE NUMBER

FILED APR 27 1959

Registration District No. *217*

Primary Registration District No. *1590*

Registrar's No. *1036*

300
-57

Health, Welfare, Public Service

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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, give TOWNSHIP only) OR TOWN Berkeley		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Berkeley 4071		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 9377 Natural Bridge		Length of stay in lb 76yrs	d. STREET ADDRESS (If outside, give location) 9377 Natural Bridge		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First MARY Middle KOENIG Last KOENIG			4. DATE OF DEATH Month April Day 16 Year 1959		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Oct. 28, 1863	9. AGE (In years last birthday) 95	IF UNDER 1 YEAR Months 0 Days 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House work		10b. KIND OF BUSINESS OR INDUSTRY Home maker	11. BIRTHPLACE (City and state or country) Pinelawn Mo.		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Joseph Harke		13b. MOTHER'S MAIDEN NAME Whilomena Peine		14. NAME OF HUSBAND OR WIFE Bernard J. Koenig	
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 Address Minnie Koenig 9377 Natural Bridge		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion					INTERVAL BETWEEN ONSET AND DEATH 2 days
DUE TO (b) Chronic Vascular Sclerosis					
DUE TO (c) Senility					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4201					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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.)			
20c. TIME OF INJURY Hour 5:30 Month, Day, Year a.m. am p.m.					
20d. INJURY OCCURRED WHILE AT <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 12/16/1958 to 4/15/1959 and last saw her alive on 4/14/59 Death occurred at 5:30 am m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE John A. Houzelleau M.D. (Degree or title)			22b. ADDRESS 6677 Selmar BL		22c. DATE SIGNED 4/17/59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 4/18/59	23c. NAME OF CEMETERY OR CREMATORY St. Ann's Cemetery		23d. LOCATION (City, town, or county) (State) Mo. St. Louis County (Normandy)
24. FUNERAL DIRECTOR Patricia Kelly 7267 Natural Bridge ADDRESS			25. DATE RECD. BY LOCAL REG. 4-17-59		26. REGISTRAR'S SIGNATURE John P. Murphy MA

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 *James G. Lemmer*

Licensed Embalmer No. *4142*

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.