...URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

59–042856

STATE FILE NUMBER

FILED VS DEC 8 1959

...MENDED

Registration District No. 317 Primary Registration District No. 547 Registrar's No. 3009

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Richmond Heights — Length of stay in 1b: HRS.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: St. Mary's Hospital — Inside Limits: Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY:
c. CITY OR TOWN: St. Louis — Inside Limits: Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location): 5818 Southwest Ave. — Reside on Farm: Yes ☐ No ☑

3. NAME OF DECEASED (Type or print): First: Christina Middle: A. Last: Koebbe
4. DATE OF DEATH: Month: November Day: 11, Year: 1959
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☑ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 3/23/1884
9. AGE (last birthday): 75 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HR: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): St. Clemens, Missouri
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Frank Vogelsang
13b. MOTHER'S MAIDEN NAME: Elizabeth Grote
14. NAME OF HUSBAND OR WIFE: August H. Koebbe
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 489-22-3586
17. INFORMANT: August H. Koebbe Address: 5818 Southwest Ave.

MEDICAL CERTIFICATION

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, acute — INTERVAL BETWEEN ONSET AND DEATH: 18h.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Gen arteriosclerosis
DUE TO (c): 420.1
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☑ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 1956, to 11/10/59 and last saw her/him alive on 11/10/59
Death occurred at 5:35 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: [signature] (Degree or Title): M.D.
22b. ADDRESS: 3915 Watson Ave
22c. DATE SIGNED: 11/11/59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 11/14/59
23c. NAME OF CEMETERY OR CREMATORY: Resurrection Cemetery
23d. LOCATION (City, town, or county) (State): St. Louis County, Missouri

24. FUNERAL DIRECTOR: Gebken-Benz Mortuary ADDRESS: 2842 Meramec St. St. Louis 18 Missouri
25. DATE RECD. BY LOCAL REG.: 11-13-59
26. REGISTRAR'S SIGNATURE: John C. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by Me, Student Embalmer No.

working under my personal supervision.

Student

Signature of Student Embalmer

Signed Joe D. Berry

Licensed Embalmer No. 4249

P. O. Address 2842 Meramec St
St. Louis 18 Missouri

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