SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6273 STATE FILE NUMBER 61-022803

FILED JUL 13 1961

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY: Missouri.
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis,
Length of stay in 1b:
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 5406 Alaska.
Inside Limits: Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY:
c. CITY OR TOWN: St. Louis,
Inside Limits: Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): 5406 Alaska.
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: John. Middle: J. Last: Koenen Jr.

4. DATE OF DEATH: Month: July Day: 4 Year: 1961

5. SEX: Male

6. COLOR OR RACE: White

7. Married ☒ Never, Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 12-6-06

9. AGE (last birthday): 54

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): Bank Teller.

10b. KIND OF BUSINESS OR INDUSTRY: Mercantile Trust Co.

11. BIRTHPLACE (City and state or country): St. Louis,

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: John J. Koenen Sr.

13b. MOTHER'S MAIDEN NAME: Matilda Winney.

14. NAME OF HUSBAND OR WIFE: Loretta Koenen.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT Address: Loretta Koenen 5406 Alaska Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Coronary thrombosis	1 day
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	arterio sclerotic heart	
DUE TO (c)	disease with hypertension	2 yrs.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 420.0

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 Dec. 1959 to July 4, '61 and last saw him alive on June 10-'61
Death occurred at 4:30 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): George A. O'Sullivan, M.D.

22b. ADDRESS: 7629 Ivory Ave.

22c. DATE SIGNED: 7-5-61

23a. BURIAL, CREMATION, REMOVAL (Specify):

23b. DATE: 7-8-1961

23c. NAME OF CEMETERY OR CREMATORY: Resurrection.

23d. LOCATION (City, town, or county) (State): St. Louis.

24. FUNERAL DIRECTOR ADDRESS: Southern Funeral Home. 6322 S. Grand Blvd.

25. DATE RECD. BY LOCAL REG.: JUL 6 1961

26. REGISTRAR'S SIGNATURE: Earl Smith, M.D.

(Licensed Embalmer's Statement on Reverse Side)

DR O. SULLIVAN
PL. 2-1242
1-3 PM
7629 IVORY

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 David Van Fossan

Licensed Embalmer No. 424

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.