

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

761-038838
STATE FILE NUMBER

AMENDED

Registration District No. _____ Primary Registration District No. **1003** Registrar's No. **9755**

FILED NOV 8 1961 **318**

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MISSOURI		Length of stay in 1b	c. CITY OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BARNES HOSPITAL		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS 3455 Osage		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First HALLIE Middle ANN Last KOENN			4. DATE OF DEATH Month OCTOBER Day 21 Year 1961		
5. SEX Female	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 3-8-1898	9. AGE (last birthday) 63	IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 24 HR Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during working life, even if retired) At Home		10b. KIND OF BUSINESS OR INDUSTRY At Home		11. BIRTHPLACE (City and state or country) Courty's Missouri	12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Mosis Payne		13b. MOTHER'S MAIDEN NAME Lydia Thomson		14. NAME OF HUSBAND OR WIFE Robert R Koenn	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, NO or unknown) NO		16. SOCIAL SECURITY NO. NO		17. INFORMANT Robert R Koenn 3455 Osage	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ACUTE RENAL FAILURE					INTERVAL BETWEEN ONSET AND DEATH 10 DAYS
DUE TO (b) DI SSECTING ANEURYSM OF ABDOMINAL AORTA					10 DAYS
DUE TO (c) ARTERIOSCLEROSIS					10 YEARS
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. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.) 451X			
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.		Month, Day, Year _____			
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 OCTOBER 11, 1961 to OCTOBER 21, 1961 last saw her/him alive on OCTOBER 21, 1961 Death occurred at 5:48 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>E. O. ... M.D.</i>			22b. ADDRESS BARNES HOSPITAL		22c. DATE SIGNED 10/21/61
23a. BURIAL CREMATION, REMOVAL (Specify) Burial	23b. DATE 10-23-1961	23c. NAME OF CEMETERY OR CREMATORY New Pickers Cem		23d. LOCATION (City, town, or county) (State) St. Louis Mo	
24. FUNERAL DIRECTOR WINGBERMUEHLE 3819 So Grand Blvd			25. DATE RECD. BY LOCAL REG. OCT 23 1961		26. REGISTRAR'S SIGNATURE <i>Earl Smith M.D.</i>

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

George W. King

Licensed Embalmer No.

4611

P. O. Address

St. Louis 18

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.