

SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-047467

STATE FILE NUMBER

Registration District No. 319 Primary Registration District No. 4469 Registrar's No. 48

FILED DEC 18 1961

1. PLACE OF DEATH a. COUNTY <u>STE. GENEVIEVE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>STE. GENEVIEVE</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>STE. GENEVIEVE</u>		c. CITY OR TOWN <u>STE. GENEVIEVE</u>	
Length of stay in 1b <u>LIFE</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>4TH MARKET ST.</u>		d. STREET ADDRESS (If outside, give location) <u>404 SO 4TH ST</u>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>EDWIN</u> Middle <u>E.</u> Last <u>KOETTING</u>			4. DATE OF DEATH Month <u>DEC</u> Day <u>13</u> Year <u>1961</u>			
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</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>10/15/95</u>	9. AGE (last birthday) <u>66</u>	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>BOOK KEEPER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>GROCERY STORE</u>		11. BIRTHPLACE (City and state or country) <u>STE. GENEVIEVE MO USA</u>		
10c. CITIZEN OF WHAT COUNTRY		13a. FATHER'S NAME <u>JOHN KOETTING</u>		13b. MOTHER'S MAIDEN NAME <u>CLARA PAUTLER</u>		
14. NAME OF HUSBAND OR WIFE <u>CATHERINE O'CONNELL</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES WARI</u>		16. SOCIAL SECURITY NO.		
17. INFORMANT <u>Catherine Koetting do. Genevieve Mo</u>		Address				

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) <u>ACUTE MYOCARDIAL INFARCTION</u>		<u>INSTANTANEOUS</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>CORONARY ARTERY DISEASE</u>	<u>4 mos</u>
	DUE TO (c)	

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 type="checkbox"/> N: <input type="checkbox"/> Unknown	
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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 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 6-27-60 to 12-13-61 and last saw her him alive on 12-12-61
Death occurred at TEN THIRTY A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>S. H. De Genova MD</u>		22b. ADDRESS <u>Ste Genevieve, Mo</u>		22c. DATE SIGNED <u>12-15-61</u>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>12/16/61</u>	23c. NAME OF CEMETERY OR CREMATORY <u>VALLE SPRING</u>	23d. LOCATION (City, town, or county) <u>STE. GENEVIEVE</u>	(State) <u>MO</u>

24. FUNERAL DIRECTOR <u>Leol. Barber Sr. Genevieve Mo</u>	ADDRESS	25. DATE RECD. BY LOCAL REG. <u>15 December 1961</u>	26. REGISTRAR'S SIGNATURE <u>George F. Wood</u>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DEC 27 1961

JAN 16 1962

JAN 12 1962

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 Adrian J. Ehler
Licensed Embalmer No. 4740
P. O. Address Ste. Genevieve

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.