

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

6001-62-024834  
STATE FILE NUMBER

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **6001**

DO NOT WRITE ON THIS STUB

AMENDED

**FILED JUL 2 1962**

1. PLACE OF DEATH  
a. COUNTY **St. Louis**  
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 **De Paul Hospital** Inside Limits Yes  No

2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission)  
a. STATE **Mo** b. COUNTY **St. Louis**  
c. CITY OR TOWN **St. Louis County** Inside Limits Yes  No   
d. STREET ADDRESS (If outside, give location) **213 Mc Alpine Dr** Reside on Farm Yes  No

3. NAME OF DECEASED First **John** Middle Last **Koncki** 4. DATE OF DEATH Month **6** Day **16** Year **62**

5. SEX **Male** 6. COLOR OR RACE **White** 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH **6-16-62** 9. AGE (last birthday) IF UNDER 1 YEAR IF UNDER 24 HR  
Months Days Hours Min. **8 50**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) **St. Louis Mo** 12. CITIZEN OF WHAT COUNTRY **USA**

13a. FATHER'S NAME **Eugene Edward Koncki** 13b. MOTHER'S MAIDEN NAME **Dorothy Ann Rygeliski** 14. NAME OF HUSBAND OR WIFE

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 **Dorothy Ann Koncki** Address **213 Mc Alpine Dr, St. Louis, Mo**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  
PART I. DEATH WAS CAUSED BY:  
IMMEDIATE CAUSE (a) **Immature**  
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) **Premature birth**  
DUE TO (c) **776x**  
INTERVAL BETWEEN ONSET AND DEATH **5 1/2 Mo**  
**off pag 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 Month, Day, Year a.m. p.m.  
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 **6/6/62** to **6/6/62** and last saw him alive on **6/6/62**  
Death occurred at **10:30 A.M.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **[Signature]** 22b. ADDRESS **6000 W. Flourant** 22c. DATE SIGNED **6/16/62**

23a. BURIAL, CREMATION REMOVAL (Specify) **Burial** 23b. DATE **6/18/62** 23c. NAME OF CEMETERY OR CREMATORY **Cathary Cemetery** 23d. LOCATION (City, town, or county) **St. Louis Mo** (State)

24. FUNERAL DIRECTOR **JOHN STYGAR & SON** ADDRESS **5541 RIVERVIEW BLVD.** 25. DATE RECD. BY LOCAL REG. **June 17, 1962** 26. REGISTRAR'S SIGNATURE **Paul Smith. M.D.**

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

**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 Not Embalmed John Stegman

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

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.