

FILED FEB 9 1948 318  
Registration District No.

Primary Registration District No. 1003

## 1. PLACE OF DEATH:

(a) County.....  
 (b) City or town..... St. Louis  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution..... 5052 Delmar Blvd.  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution.....  
 (Specify whether  
 In this community.....  
 years, months or days)

3. (a) PRINT  
FULL NAMEJessie F. Koen3. (b) If veteran,  
name warNo3. (c) Social Security No.  
317-07-6117

4. Sex..... Male 5. Color or race..... White  
 6. (a) Single, widowed, married, divorced..... Married  
 6. (b) Name of husband or wife..... Margaret L. Koen  
 6. (c) Age of husband or wife if alive..... 49 years  
 7. Birth date of deceased..... March 8 1897  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
50 10 18 hr. min.

9. Birthplace..... Missouri  
(City, town, or county) (State or foreign country)10. Usual occupation..... Salesman

## 11. Industry or business.

MOTHER FATHER  
 12. Name..... Skelton DeMoss Koen  
 13. Birthplace..... Missouri  
 (City, town, or county) (State or foreign country)  
 14. Maiden name..... Corina Belle  
 15. Birthplace..... Missouri  
 (City, town, or county) (State or foreign country)

16. (a) Informant..... Margaret Koen  
 (b) Address..... Esther, Missouri  
 17. (a) Removal (b) Date thereof..... 1-27-48  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation..... Esther, Mo.

18. (a) Signature of funeral director..... Albert H. Hoppe  
 (b) Address..... 4700 Washington Blvd.  
JAN 27 1948 (b) J. F. Breuch  
 (Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State..... Missouri (b) County.....  
 (c) City or town..... St. Louis  
 (If outside city or town limits, write "RURAL")  
 (d) Street No..... 5052 Delmar Blvd.  
 (If rural, give location)  
 (e) Citizen of foreign country?..... (Yes or No)  
 If yes, name country.....

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... January day..... 26th  
year..... 1948 hour..... 11 minute..... 55 a.m.

21. I hereby certify that I attended the deceased from..... January 19th  
 1948, to..... January 26th 1948  
 that I last saw him alive on..... January 26th 1948  
 and that death occurred on the date and hour stated above.

Immediate cause of death..... Myocarditis with terminal cardiac failure  
 Duration..... about 30 days

Due to.....  
 Due to..... 107

Other conditions..... Acute broncho-pneumonia about 10 days  
 (Include pregnancy within 3 months of death)

PHYSICIAN  
 Major findings:  
 Of operations.....  
 Of autopsy.....

Underline  
 the cause of  
 which death  
 should be  
 charged statistically.

## 22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....  
 (b) Date of occurrence.....  
 (c) Where did injury occur?..... (City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public  
 place?.....  
 While at work?..... (Specify type of place)  
 (e) Means of injury..... Car

23. Signature..... Frank L. Sutton, M.D. (M. D. or other)  
 Address..... 4955 A Delmar, St. Louis, Mo. Date signed..... Jan 26, 1948

JUN 8 1948

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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.....

..... Registered Apprentice No.....  
working under my personal supervision.

Signed.....

*Henry M. Brammer*

Licensed Embalmer No.....

*4200*

P. O. Address.....

*St. Louis*

**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 this body is not embalmed, fact should be so stated above.