MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

9765

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 2321

City St Louis (No. 711 Marion St. ..... Ward)

2. FULL NAME Henry M Koenig

(a) Residence. No. 711 Marion St., 23 Ward. (Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Jennie Koenig

6. DATE OF BIRTH (MONTH, DAY AND YEAR): May 8 - 1865

7. AGE: Years 61 | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Cloth Cutter
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St Louis

PARENTS

10. NAME OF FATHER: Wm Koenig
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Germany
12. MAIDEN NAME OF MOTHER: Regina Zurowiste
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): St Louis Mo

14. INFORMANT: Jennie Koenig
(Address) 711 Marion St

15. FILED MAR - 8 1927 19.. Max E Starkoff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR): Mch 7 1927

17. I HEREBY CERTIFY, That I attended deceased from Feby 15th, 1927, to March 7th, 1927, that I last saw him alive on March 7th, 1927, and that death occurred, on the date stated above, at 10 15 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral hemorrhage (apoplexy)
(duration) — yrs. — mos. 1 ds.

CONTRIBUTORY (SECONDARY) Valvular disease of heart (Mitral) (duration) — yrs. — mos. 20 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? at place of death

DID AN OPERATION PRECEDE DEATH? no DATE OF —

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical Symptoms

(Signed) W A Fries, M. D

3/7, 1927 (Address) 1544 So. Broadway

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: New Pickers | DATE OF BURIAL: Mch 9 1927

20. UNDERTAKER: Frank Hettage | ADDRESS: 907 Chouteau

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.