

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

Do not use this space.

29741
964

NOV 23 1927

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.

1. PLACE OF DEATH

County Cape Girardeau Registration District No. 125
Township 1st Primary Registration District No. 3009
City St. Louis (No. 11) St. 11 Ward 11

File No. 964
Registered No. _____

2. FULL NAME

Mr. Herman Koenig
(a) Residence No. 744 St. Louis Ward 11
(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) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND or (or) WIFE OF Never been Married.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 7-1865

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
61 11 25

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Watch repairer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Kassell Jew. Co.

9. BIRTHPLACE (CITY OR TOWN) Cape Girardeau
(STATE OR COUNTRY) Mo.

PARENTS

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

14. INFORMANT Mr. Geo. Reeber
(Address) Cape Girardeau Mo

15. FILED 11-27-27 W. Koenig
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10-31-27

17. I HEREBY CERTIFY, That I attended deceased from Oct 12, 1927, to Oct 27, 1927
that I last saw alive on Oct 27, 1927 and that death occurred, on the date stated above, at 11:45 P.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Myocarditis
93C

Uncertain probably coronary

CONTRIBUTORY (SECONDARY) NO (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRIBUTED IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? No DATE OF _____

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? none except physical exam
(Signed) Geo. Weeber, M. D.

11-2-27 (Address) Cape Girardeau Mo

*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 Cape Girardeau
Funerary Co. Inc. DATE OF BURIAL 11-2-27

20. UNDERTAKER Al. Brickhoff
ADDRESS Cape Girardeau

