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

Do not use this space.

3035

1. PLACE OF DEATH

County..... Registration District No. 791

Township..... Primary Registration District No. 1003

City St. Louis (No. Luthern Hospital St. ..... Ward)

File No.....

Registered No. 636

2. FULL NAME Fred Koenig.

(a) Residence. No. 3447 Winnebago St., 16 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 12th. 1871.

7. AGE YEARS	MONTHS	DAYS	IF LESS than 1 day, ...hrs. or ....min.
56	-	5	

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

9. BIRTHPLACE (CITY OR TOWN) .....
(STATE OR COUNTRY) Germany

PARENTS

10. NAME OF FATHER Bruno Koenig

11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Germany

14. INFORMANT Mrs Sarah Koenig
(Address) 3447 Winnebago St.

15. FILED JAN 18 1928, 19..... Max C. Starkoff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 17th. 1928

17. I HEREBY CERTIFY, That I attended deceased from Oct. 27th, 1927, to Jan 16th, 1928 that I last saw him alive on Jan 16th, 1928, and that death occurred, on the date stated above, at 9.15 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Multiple lung abscesses non Tubercular, from infection (no T.B.) cause unknown
11½ M (duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (SECONDARY) 1070 1
(duration) ....yrs. ....mos. ....ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
8 DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? yes
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) H. Henry W. Newmann, M. D
Jan. 17th, 1928 (Address) 3108 Chippewa St

*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 St. Marcus — DATE OF BURIAL Jan. 19th 1928

20. UNDERTAKER Wacker-Helderle — ADDRESS 2331 S. Broadway

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.

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