

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

Do not use this space.

21613

1. PLACE OF DEATH

County St Charles Mo Registration District No. 757
 Township..... Primary Registration District No. 1036
 City St Charles (No.) St. Ward)

File No.
 Registered No. 87

2. FULL NAME Ernest Henry Koenig

(a) Residence No. 209 S. Seventh St., Ward.
 (Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 19 - 1848

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
80 1 28

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Merchant Retired 25 yrs.
 (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) Hanover Germany

10. NAME OF FATHER

Henry Frederick Koenig

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Hanover Germany

12. MAIDEN NAME OF MOTHER

Mary Wittkoetter

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Hanover Germany

14.

INFORMANT Arthur D. Rau

(Address) 209 S. Seventh St. St Charles Mo.

15.

FILED 6/11 28 H. G. Bloebaum REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 10th 1928

17.

I HEREBY CERTIFY, That I attended deceased from May 2, 1928, to June 10th, 1928, that I last saw him alive on June 9th, 1928, and that death occurred, on the date stated above, at 10³⁰ a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

46 Cancer of rectum
9745 (duration) 2 yrs. 2 mos. 2 da.

CONTRIBUTORY (SECONDARY)

Sen Art Sclerosis
 (duration) 2 yrs. 2 mos. 2 da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

0 DID AN OPERATION PRECEDE DEATH..... DATE OF.....

WAS THERE AN AUTOPSY.....

WHAT TEST CONFIRMED DIAGNOSIS.....

(Signature) W. E. Schuch M.D.

June 11, 1928 (Address) St Charles 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

DATE OF BURIAL

Congregation Cross Centerville Mo June 12th 1928

20. UNDERTAKER

ADDRESS

H. C. D. Hallmeyer & Co. St Charles Mo.

K. 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.

