

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

Do not use this space.

34930

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City **St. Louis Mo.** (No. **2708 So. 13th St.**)

File No.....

Registered No. **9903**

St. Ward)

2. FULL NAME

(a) Deceased. Name **Alfred W. Koenig**
(Usual place of abode) **2708 So. 13th St. 23** Ward.

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **May 3-1861**

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
67	5	5	4	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work **clerk**
(b) General nature of industry, business, or establishment in which employed (or employer) **Weber Imp. Co.**
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) **St. Louis, Mo.**
(STATE OR COUNTRY)

10. NAME OF FATHER **Wm Koenig**

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

12. MAIDEN NAME OF MOTHER **Caroline Gutfred**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) **St. Louis, Mo.**
(STATE OR COUNTRY)

14. INFORMANT **Emilie Koenig**
(Address) **2708 So. 13th St.**

15. **OCT -8 1923**
FILED **2708 So. 13th St.**
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Oct. 7- 1928.**

17. I HEREBY CERTIFY, That I attended deceased from **9/30/28**, 19**27**, to **10/7/28** and that I last saw him alive on **10/3/28**, 19**28** and that death occurred on the date stated above, at **7:40 P.M.**

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Capillary thrombosis of prostate gland
51C (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) **None**
(duration) yrs. mos. ds.

18. WHERE DISEASE CONTRACTED **410**
IF NOT AT PLACE OF DEATH.....

1 DID AN OPERATION PRECEDE DEATH? **Yes** DATE OF **4/3/27**

WAS THERE AN AUTOPSY? **Yes**

WHAT TEST CONFIRMED DIAGNOSIS **10/8** (Signed) **Dr. J. H. ...** M. D.
(Address) **5551 Walnut 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 **Bellefontaine Cem.** DATE OF BURIAL **Oct. 10- 1928.**

20. UNDERTAKER **Ziegenhein Bros. 2623 1/2**
ADDRESS **Meriden St.**

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.

PERMANENT RECORD

