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

Do not use this space.

12939

1. PLACE OF DEATH

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

Township ..... Primary Registration District No. 1003 Registered No. 3490

City St Louis (No. Deaconess Hosp. St. ..... Ward)

2. FULL NAME Lisa Koenig

(a) Residence. No. 660 E Monroe St., 11 Ward. Kirkwood Mo
(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: F
4. COLOR OR RACE: Wh
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Wid.

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Feb 22, 1854

7. AGE: 75 YEARS | MONTHS: 0 | DAYS: 27 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: In Home
(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): Switzerland

PARENTS

10. NAME OF FATHER: Emil Rodel
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Switzerland
12. MAIDEN NAME OF MOTHER: Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Do

14. INFORMANT: Pete Lischer
(Address) 660 E Monroe Kirkwood

15. FILED ..... 19 1929 Max C Starkey Mg
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 3-19-1929

17. I HEREBY CERTIFY, That I attended deceased from 4-6-27 ..... 19 ..... to 3-19 ..... 1929 that I last saw h. ..... alive on 3-19 ..... 1929, and that death occurred, on the date stated above, at 9 45 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Arteriosclerosis
Myocarditis Chronic
BC
Nabont (duration) 10 yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): Arteriosclerosis
..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
0 DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? ..... No
WHAT TEST CONFIRMED DIAGNOSIS? Physical findings
(Signed) John Mueller, M. D
3-19, 1929 (Address) 3115 So Grand Blvd St Louis

*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: Missouri Crematory
DATE OF BURIAL: 3/21 1929

20. UNDERTAKER: Louis H Bopp
ADDRESS: Kirkwood Mo

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

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