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

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.

Dr. O R Konzelman 3507 Potomac La 6892 — 7-8 OM

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

Do not use this space.

6845

1. PLACE OF DEATH

County ..... Registration District No. 791 1003 File No. 1925

Township ..... Primary Registration District No. ..... Registered No. .....

City St Louis Mo (No. ....., ..... St. ..... Ward)

2. FULL NAME William H Koenuker

(a) Residence, No. 2205 Missouri St., 23 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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 M

4. COLOR OR RACE W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) W

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 26 - 1849

7. AGE

| YEARS | MONTHS | DAYS | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|
| 83 | 0 | 29 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Accountant

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis Mo 1

FATHER

13. NAME Unknown Koenuker

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 10

MOTHER

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Hy Koenuker 2205 Mo Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Old St Marcus Cem DATE Feb 29, 1932

19. UNDERTAKER (ADDRESS) John L Zingenheim & Sons 7027 Gravois

20. FILED FEB 29 1932 Alex C Parkley Registrar.

## 2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 25, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 24th, 1932, to Feb 25, 1932

I last saw him alive on Feb 25, 1932. Death is said to have occurred on the date stated above, at 2:30 p.m.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis — Date of onset Jan 1930

930
162

930

Other contributory causes of importance:

Senility

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Exam Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 19....

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury — (1)

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Paul R Konzelman, M. D.

(Address) 3507 Potomac St

OCT 3 1957