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.

NOV 28 1932

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

Do not use this space.

33517

1. PLACE OF DEATH
County St. Louis — Registration District No. 1170 — File No.
Township Central — Primary Registration District No. 6248 — Registered No. 202
City Richmond Hts. St. Marys Hosp. St. Ward)

2. FULL NAME Ernest L. Koenig
(a) Residence, No. 211 Hawthorne St. 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 Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Laura B. Koenig
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 2 - 1879
7. AGE YEARS 53 MONTHS 8 DAYS 22 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dentist
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (month and year) Oct 22 - 1932
11. Total time (years) spent in this occupation 30 yrs

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

FATHER
13. NAME William Koenig
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Caroline F. Gaethrodt
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis Missouri

17. INFORMANT (ADDRESS) C. Wm Koenig 211 Hawthorne Ave Webster Groves Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cem DATE Oct 26 1932
19. UNDERTAKER (ADDRESS) Parker Fund Co Webster Groves Mo
20. FILED 10/25 1932 C. L. Jensen Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 24 1932
22. I HEREBY CERTIFY, That I attended deceased from ....., 19...., to ....., 19....
I last saw h/ alive on ....., 19.... Death is said to have occurred on the date stated above, at 9:00 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Suicide by firearms	10/24/32

Other contributory causes of importance: Gunshot wound of head, (5)

Name of operation None Date of
What test confirmed diagnosis? Physical signs Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury 10/24 1932
Where did injury occur? Webster Groves Mo (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. In home
Manner of injury Gunshot wound of head
Nature of injury Suicide
24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) John O'Connell M. D.
(Address) Coroner of St. Louis County

) NOT TEAR LEAF OUT