

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.

APR 25 1934

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

Do not use this space.

11268

1. PLACE OF DEATH

County.....

Registration District No.....

Township.....

Primary Registration District No.....

City *St. Louis* No. *City*

Ward #1

2. FULL NAME

(a) Residence, No. *21409* *Doc. Koenig* St. *W.* Ward.

(Usual place of abode)

File No.....

Registered No. *3169*

St. *W.* Ward

Length of residence in city or town where death occurred *7* yrs. *4* mos. *4* ds.

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX *M* 4. COLOR OR RACE *W.* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Widow*

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *3/28*, 19*34*

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

22. I HEREBY CERTIFY, That I attended deceased from *3/24*, 1934, to *3/28*, 1934

I last saw *her* alive on *3/28*, 1934. Death is said to have occurred on the date stated above, at *9:00* a.m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Nov 24 - 1859*

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. *74* *4* *4*

Branchopneumonia Date of onset *3/25*

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

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

10. Date deceased last worked at this occupation (month and year) *March 1934* 11. Total time (years) spent in this occupation

Other contributory causes of importance *chr. myocardial deg. veins.*

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

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

13. NAME *John Fischer*

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

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

15. MAIDEN NAME *Augusta Reuter*

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?..... Date of injury....., 19.....

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

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

17. INFORMANT *Wife of City* (ADDRESS)

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

18. BURIAL, CREMATION, OR REMOVAL PLACE *Frederick's* DATE *March 31*, 19*34*

Manner of injury..... Nature of injury.....

19. UNDERTAKER *Suedmeyer & Sons* (ADDRESS) *3954*

24. Was disease or injury in any way related to occupation of deceased? If so, specify.....

20. FILED *1004* 19*34* Registrar *J. Biedeck*

(Signed) *Newman*, M. D.

(Address) *City*

Swedenborg