

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

Do not use this space.

791

17818

1. PLACE OF DEATH

County.....

Registration District No.....

Township.....

Primary Registration District No.....

City St Louis

(No. 3949 Chouteau)

File No.....

Registered No. 4604

2. FULL NAME Fred Koenig

(a) Residence, No. 3949 Chouteau St. 18 Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 14 1936

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

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) About 1879.

I last saw h..... alive on....., 19\_\_\_\_. Death is said to have occurred on the date stated above, at 3:00 p.m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min. About 57. - - - - -

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

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

Lobar Pneumonia (right lung)

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

10. Date deceased last worked at this occupation (month and year) Apr 11 1936 11. Total time (years) spent in this occupation 6 Mons

Other contributory causes of importance

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chicago Ill.

13. NAME Fred Koenig.

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

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Un Known.

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

15. MAIDEN NAME UnKnown

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) Unknown

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

17. INFORMANT (ADDRESS) Mr. Nathan Morgan 1425 S Vandeventer

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

18. BURIAL, CREMATION, OR REMOVAL PLACE St Marks DATE April 29, 1936

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

19. UNDERTAKER (ADDRESS) W. W. McLaughlin 2301 Lafayette

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

20. FILED APR 28 1936 Registrar. J. Bredeck

(Signed) Harold P. Kelly (Address) Superior

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.

