NOV 4 1936

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

Do not use this space.

File No. 39354 39355

Registered No. 10390

Registration District No. 791

Primary Registration District No. 1008

1. PLACE OF DEATH

County

Township

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

2. FULL NAME Lillian Koenig

(a) Residence, No. Jefferson Hotel -12th & Locust St., Ward. 25

(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred About 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): About 1862

7. AGE — YEARS: About 74 yrs; MONTHS; DAYS; If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Housework at Jefferson Hotel

10. Date deceased last worked at this occupation (month and year): About 5/1914

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown / United States

FATHER

13. NAME: Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown / Unknown

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown / Unknown

17. INFORMANT (ADDRESS): Dr. A. E. Miller, 5400 Arsenal St.

18. BURIAL, CREMATION, OR REMOVAL — PLACE Lakewood B&P DATE 10/16/36 19

19. UNDERTAKER (ADDRESS): J. J. Bugenhagen & Son, 6200 Delmar

20. FILED OCT 16 1936 J. H. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 14, 1936, 19

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1935, 19, to Oct. 14, 1936, 19 3

I last saw her alive on Oct. 14, 19 36 Death is said to have occurred on the date stated above, at 6:00 m A.M.

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

	Date of onset
Lobar Pneumonia	10/4/36
Other contributory causes of importance: Pulmonary Edema	10/12/36

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Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

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. No

Manner of injury

Nature of injury

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

If so, specify

(Signed) A E Miller M. D.

(Address) 5400 Arsenal St. Louis 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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