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.

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

Do not use this space.

FEB 8 1937

1. PLACE OF DEATH

96 County ..... Registration District No. 791 File No. 3879

30 Township ..... Primary Registration District No. 1003 Registered No. 918

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

2. FULL NAME Henry Fredrick Koeneman

(a) Residence, No. 4215a W. Sacramento St., 10 Ward. 1
(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~~ Clara Koeneman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 13-1873

7. AGE: YEARS 63 | MONTHS 1 | DAYS 6 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Foreman 138
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Paint Dept United Drug Co.
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation 35

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

FATHER

13. NAME Henry Koeneman
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 10

MOTHER

15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 10

17. INFORMANT (ADDRESS) Clara Koeneman 4215a W. Sacramento

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cem DATE Jan 22 1937

19. UNDERTAKER (ADDRESS) Drehmann-Harzel 1905 Union Blvd.

20. FILED Feb 21 1937 19 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 19, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 14, 1937, to Jan 19, 1937

Last saw him alive on Jan 19, 1937. Death is said to have occurred on the date stated above, at 10 P m.

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

	Date of onset
Benign papilloma of urinary bladder	Jan 12 1937

Other contributory causes of importance: embolus

54e

Name of operation Fulguration of papilloma Date of 1-14-37 1-18-37

What test confirmed diagnosis? cystoscopic clinical Was there an autopsy? no

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 .....

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify .....

(Signed) Joseph E. Flenn, M. D.

(Address) 958 Arcade Bldg.

Arcade Bldg

~~Dr Thompson 3121 N Grand 10-12 2-4 - 6-8 PM~~