

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

Do not use this space.

19954

**1. PLACE OF DEATH** JUN 18 1937  
 County Franklin Registration District No. 295  
 Township Meramec Primary Registration District No. 5412  
 City (No. 2) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** William C. Koenig,  
 (a) Residence, No. Spring Bluff, Mo. 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.

File No. \_\_\_\_\_  
 Registered No. \_\_\_\_\_

**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)** Married

**5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF** \_\_\_\_\_

**6. DATE OF BIRTH (MONTH, DAY, AND YEAR)** Mar. 6th. 1875

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	62	I	II	

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

**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)** \_\_\_\_\_ **11. Total time (years) spent in this occupation** \_\_\_\_\_

**12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** Germany

**13. NAME** Carl Koenig,

**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** Germany,

**15. MAIDEN NAME** Karolyn Hoffmann,

**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** Germany,

**17. INFORMANT (ADDRESS)** Frank Koenig, Sullivan, Mo.

**18. BURIAL, CREMATION, OR REMOVAL**  
 PLACE Cave Springs DATE Apr. 17 1937

**19. UNDERTAKER (ADDRESS)** J.T. Williams, Sullivan, Missouri,

**20. FILED** 5/12 1937 C.A. Posh Registrar.

**21. DATE OF DEATH (MONTH, DAY, AND YEAR)** April, 17 1937

**22. I HEREBY CERTIFY,** that I attended deceased from Sept. 1936, to April 17, 1937,  
 I last saw him alive on April 11, 1937. Death is said to have occurred on the date stated above, at 9 p.m.  
 The principal cause of death and related causes of importance were as follows:  
Pulmonary tuberculosis Date of onset 1933

Other contributory causes of importance: None

Name of operation None Date of \_\_\_\_\_  
 What test confirmed diagnosis? Chem. 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) P. C. Nichell, M. D.  
 (Address) Sullivan, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

