

REC'D JUN 9 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

16780

Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
 (b) Township Primary Registration District No. **1008**
 (c) City **St. Louis** (d) Street No. **Lutheran Hospital** St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. **4641**2. PRINT FULL NAME **Charles Fred Koenig 527**

(a) Residence, No. **2907a Magnolia Ave.** St. **17**
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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 **Della Koenig**
 (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Jan. 11th. 1867.**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
71 4 8

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Retired (15 yrs)**
 9. Industry or business in which work was done, as saw mill, bank, etc. **Brick Contractor**
 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) **St. Louis, Mo.**

FATHER 13. NAME **Frederick Koenig**

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

MOTHER 15. MAIDEN NAME **Unknown**

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

17. INFORMANT (ADDRESS) **Oliver W. Koenig 3004 Magnolia Ave.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **New St. Marcus** DATE **May, 23nd. 1938**

19. FUNERAL DIRECTOR (NAME) (ADDRESS) **Wacker-Helderle 2331 S. Broadway**

20. FILED **MAY 21 1938**

J. B. Bredbeck
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **May, 19th. 1938**22. I HEREBY CERTIFY, That I attended deceased from **May 1, 1938, to May 19, 1938**

I last saw him alive on **May 19, 1938**. Death is said to have occurred on the date stated above, at **6.20 P.M.**

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

1) Post-operative shock
 2) Cholelithiasis with cholecystitis and proctitis
 Date of onset **May 19**

Other contributory causes of importance:

Name of operation **Cholecystectomy** Date of **May 18**
 What test confirmed diagnosis? Was there an autopsy?

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) **Robert A. Nae**, M. D.

(Address) **2931 Emporia Ave**

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

Robert Wheeler

, or by

Registered Apprentice No., working under my personal supervision.

Signed.....

Robert Wheeler

Licensed Embalmer No.

2128

P. O. Address

St Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.