

DEC 14 1938

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

40003  
Do not use this space.

1. PLACE OF DEATH

(a) County Kerry Registration District No. 662  
(b) Township Salem Primary Registration District No. 5880  
(c) City ..... (d) Street No. ....  
(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.

2. PRINT FULL NAME

(a) Residence, No. 520 Clara Emilie Koenig St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Emanuel Koenig  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 13<sup>th</sup> 1864  
7. AGE YEARS 74 MONTHS 10 DAYS 6 If LESS than 1 day, ..... hrs. or ..... min.  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife  
9. Industry or business in which work was done, as saw mill, bank, etc. Home  
10. Date deceased last worked at this occupation (month and year) 1914 11. Total time (years) spent in this occupation 30  
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Erbua, Missouri  
13. NAME William Warhold  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany  
15. MAIDEN NAME unknown  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ?  
17. INFORMANT Henry Rossel (ADDRESS) Farrar, Mo.  
18. BURIAL, CREMATION, OR REMOVAL PLACE Farrar Mo DATE Nov 21 1938  
19. FUNERAL DIRECTOR Yanny + Sons (ADDRESS) ?  
20. FILED 11-20 1938 J. J. De Rosiers Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 19<sup>th</sup> 1938  
22. I HEREBY CERTIFY, That I attended deceased from September 12<sup>th</sup> 1936 to November 19<sup>th</sup> 1938  
I last saw her alive on November 19<sup>th</sup> 1938 Death is said to have occurred on the date stated above, at 9:00 A.M.  
The principal cause of death and related causes of importance were as follows:  
Coronary Occlusion  
Chronic Myocarditis of 3 C  
Atherosclerosis, generalized  
Hemiplegia, left  
Other contributory causes of importance:  
None  
Name of operation None Date of .....  
What test confirmed diagnosis? P. Ex. 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) Theodore Grocher, M. D.  
(Address) Altenburg, Mo.

Date of onset  
11-17-38  
2 years  
25 years  
25 years

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

50M-7-20-37 I X12004

**STATEMENT BY LICENSED EMBALMER**

I, \_\_\_\_\_, Licensed Embalmer No. \_\_\_\_\_  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_  
\_\_\_\_\_ L. E. \_\_\_\_\_  
No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed Edward C. Yancy  
Licensed Embalmer No. 2938

**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.)**