REC'D JUN 12 1939

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

16806
Do not use this space.

1. PLACE OF DEATH

(a) County ..... Registration District No. .....

(b) Township ..... Primary Registration District No. ..... Registered No. 4340

(c) City St. Louis (d) Street No. Deaconess 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.

2. PRINT FULL NAME 529 Katherine M. Koenig.

(a) Residence, No. 2920 Hebert Street St. 10
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Otto G. Koenig.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 18, 1878.

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
61	0	18	

OCCUPATION
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. at home.
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) St. Louis, (STATE OR COUNTRY) Missouri.

FATHER
13. NAME Leonhardt Kraeger.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany.

MOTHER
15. MAIDEN NAME Margaret Opel.
16. BIRTHPLACE (CITY OR TOWN) St. Louis, (STATE OR COUNTRY) Missouri.

17. INFORMANT Miss Opel Koenig.
(ADDRESS) 2920 Hebert Street.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bellefontaine Cem. May 10, 1939

19. FUNERAL DIRECTOR (NAME) Geo. L. Pleitsch Inc.
(ADDRESS) 5966-68 Easton Ave.

20. FILED MAY 9 1939 J. P. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 6, 1939

22. I HEREBY CERTIFY, That I attended deceased from April 15, 1938, to May 6, 1939
I last saw h... alive on May 6, 1939. Death is said to have occurred on the date stated above, at 11:20 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	5-6-39
Diabetes mellitus	1938
Arteriosclerosis	1938

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... 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) Chas. Dost, M. D.
(Address) 3500 W. Grand.

(Licensed Embalmer's Statement on Reverse Side)

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

I X14028

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, 3454 David C. Gibson, or by _____,

Registered Apprentice No._____, working under my personal supervision.

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address_____

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.