DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 34425

Registration District No. 791 ~~1003~~ Primary Registration District No. Registrar's No. ~~8963~~

1. PLACE OF DEATH: /

(a) County

(b) City or town St. Louis (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: BARNES HOSPITAL (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 days (Specify whether years, months or days)

In this community 20 yrs. OCT NOV 1 1939

2. USUAL RESIDENCE OF DECEASED: /

(a) State Missouri (b) County

(c) City or town St. Louis (If outside city or town limits, write "RURAL") 14

(d) Street No. 5641 Walsh St (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Wessley Carleton Koenig 5 0

3. (b) If veteran, name war World

3. (c) Social Security No. 493-09-0727

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Leona Koenig

6. (c) Age of husband or wife if alive 39 years

7. Birth date of deceased Sept. 14 (Month) 1893 (Day) (Year)

8. AGE: Years 46 Months 1 Days 6 If less than one day hr. min.

9. Birthplace Hermann (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Service Engineer

11. Industry or business Air Reduction Co. 0

FATHER
12. Name Fred Koenig 1
13. Birthplace (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Anna Klamer
15. Birthplace Buffalo (City, town, or county) New York (State or foreign country)

16. (a) Informant's own signature Leona Koenig

(b) Address 5641 Walsh st.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 23, 1939 (Month) (Day) (Year)

(c) Place: burial or cremation National Cemetery

18. (a) Signature of funeral director C. Hoffmeister W. T. Co.

(b) Address 7814 S. Broadway

19. (a) OCT 21 1939 (Date received local registrar) (b) J. F. Bradley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 20 year 1939 hour 9 minute 40 A. M.

21. I hereby certify that I attended the deceased from October 18, 1939 to October 20, 1939; that I last saw him alive on October 20, 1939; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Broncho-pneumonia (terminal)	24 hrs.
Generalized carcinomatosis	2 mos
Due to Primary carcinoma of the liver (intrahepatic ducts)	1 yr.
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy Carcinoma of the liver	

PHYSICIAN — Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature F. R. Bradley (M. D. or other) /

Address BARNES HOSPITAL Date signed

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

Rev. 5-17-39 1 X19511

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, or by.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Linus C. Hoffmeister

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broadway

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.