S. No. 2
-4-13-40
5-17-39
PI X23159

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 30776

Registration District No. 791 FILED OCT 25 1940 Primary Registration District No. 1003 Registrar's No. 8053

**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: 2510a Salsbury St. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 (Specify whether

In this community 75 Years. years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri. (b) County

(c) City or town St. Louis. 20 (If outside city or town limits, write "RURAL")

(d) Street No. 2510a Salsbury St. (If rural, give location)

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

3. (a) PRINT FULL NAME William Koenen.

3. (b) If veteran, name war No.

3. (c) Social Security No. None.

4. Sex Male.

5. Color or race White.

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

6. (b) Name of husband or wife Josephine Koenen.

6. (c) Age of husband or wife if alive 75. years

7. Birth date of deceased March 19th 1858. (Month) (Day) (Year)

8. AGE: Years 82 Months 6 Days 6 If less than one day hr. min.

9. Birthplace Marine, Illinois. (City, town, or county) (State or foreign country) 1

10. Usual occupation Retired Iron Worker. 7

11. Industry or business

FATHER
12. Name Casper Koenen. 9
13. Birthplace Europe. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown.
15. Birthplace Unknown. (City, town, or county) (State or foreign country)

16. (a) Informant Josephine Koenen.

(b) Address 2510a Salsbury St.

17. (a) Burial. (Burial, cremation, or removal) (b) Date thereof 9-28-40. (Month) (Day) (Year)

(c) Place: burial or cremation New Pickers Cem.

18. (a) Signature of funeral director Hg. Leidner Und Co

(b) Address 2223 St. Louis Ave.

19. (a) SEP 27 1940 (Date received local registrar) (b) J F Bodeck (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Sept. 7 day 25th year 1940 hour 6 minute 30 P. M.

21. I hereby certify that I attended the deceased from Sept. 21st, 1940 to Sept. 25th, 1940 that I last saw him alive on Sept. 25th, 1940 and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Hemiplegia (rt) caused by cerebral hemorrhage | 5 days |
| Due to General arteriosclerosis | years |
| Due to Ch. nephritis | 1 |
| Other conditions (Include pregnancy within 3 months of death) | |
| Major findings: Of operations | |
| Of autopsy | |

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 1

23. Signature Arthur Sundlach (M. D. or other) M.D.

Address 2202 University Date signed 9/26/40

(Licensed Embalmer's Statement on Reverse Side)

## 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 Homer L. Ponder

Licensed Embalmer No. 3367

P. O. Address 2223 St. Louis a

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

**If this body is not embalmed, fact should be so stated above.**