

7911 STANDARD CERTIFICATE OF DEATH 1003

State File No. 34010

Registrar's No. 8707

Registration District No. _____

Primary Registration District No. _____

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:
Christian Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 Days
(Specify whether
In this community 63 years
years, months or days)

3. (a) PRINT FULL NAME William J. Koenig

3. (b) If veteran, name war Nil 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 Minnie Koenig 6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased August 12, 1861
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
79 2 9 hr. min.

9. Birthplace Unk. Germany
(City, town, or county) (State or foreign country)

10. Usual occupation Baker

11. Industry or business Bakery

12. Name John Koenig

13. Birthplace Unk. Germany
(City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs. Minnie Koenig

(b) Address 3937 N. 19th. St.

17. (a) Burial (b) Date thereof Oct. 23, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cem.

18. (a) Signature of funeral director Luedmeier & Son Inc

(b) Address 3934 N. 20th. St.

19. (a) OCT 22 1940
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis, 26
(If outside city or town limits, write "RURAL")
(d) Street No. 3937 N. 19th. St.
(If rural, give location)
(e) If foreign born, how long in U. S. A? 63 Years years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 21,
year 1940 hour 7 minute 50A.M.

21. I hereby certify that I attended the deceased from Oct 15-21, 1940, to Oct 21, 1940,
that I last saw him alive on Oct 20, 1940,
and that death occurred on the date and hour stated above.

Immediate cause of death
Arteriosclerosis. Sclerotic
Left Ventricular failure
Due to Pulmonary edema

Other conditions Strangulation of
(Include pregnancy within 3 months of death)
Inguinal Hernia

Major findings: Aspiration for
Of operations relief of intestinal obstruction
Of autopsy no

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? _____

While at work? _____ (Specify type of place) (c) Means of injury _____

23. Signature Geo A. Mullies (M. D. or other) _____
Address 2739 N. Grand Date signed 10-22

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

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.....

Licensed Embalmer No.....

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.