

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

REC'D JUN 25 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 16290

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 3808

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:
2708 S. 13th St.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether _____)
 In this community _____
years, months or days

3. (a) PRINT FULL NAME Emilie P. Koenig

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female / 5. Color or race White
 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Alfred W. Koenig 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased January 7, 1864
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>77</u>	<u>3</u>	<u>26</u>	hr. _____ min. _____

9. Birthplace St. Louis County, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business _____

FATHER { 12. Name Gustav H. Toelle
 13. Birthplace Germany
(City, town, or county) (State or foreign country)

MOTHER { 14. Maiden name Marie E. Rosenkoetter
 15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Chas P. Koenig
 (b) Address 2708 S. 13th St.

17. (a) Burial (b) Date thereof 5/6/41
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Bellefontaine Cem.

18. (a) Signature of funeral director John P. Koenig
 (b) Address 4911 Washington Blvd.

19. (a) MAY 5 1941 (b) J. H. Brudeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
 (c) City or town St. Louis 23
(If outside city or town limits, write "RURAL")
 (d) Street No. 2708 S. 13th St.
(If rural, give location)
 (e) If foreign born, how long in U. S. A. ? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 3
 year 1941 hour 5 minute 55 P. M.

21. I hereby certify that I attended the deceased from February 1, 1940 to May 3, 1941;
 that I last saw her alive on May 3, 1941;
 and that death occurred on the date and hour stated above.

Immediate cause of death: Pulmonary edema 12 hours
 Due to Coronary atherosclerosis 2 yrs
 Due to _____

Other conditions: ✓
(Include pregnancy within 3 months of death)

Major findings: ✓
 Of operations ✓
 Of autopsy ✓

Duration
 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? ✓

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

23. Signature Chas P. Koenig (M. D. or other) _____
 Address 2901 Dunbar St. Date signed 5-3-41

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. *3793*

P. O. Address *St. Louis, Mo*

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.