No. 2
1-4-41
-17-39
X28390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 21 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 19936

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 4748

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: 2824 Victor
(If not in hospital or institution, write street number or location)

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

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000

(c) City or town St. Louis 2317
(If outside city or town limits, write "RURAL")

(d) Street No. 2824 Victor 9
(If rural, give location)

(e) Citizen of foreign country? O (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Henry Koenig

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of husband or wife MARY KOENIG

6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased Nov (Month) 12 (Day) 1865 (Year)

8. AGE: Years 75 Months 6 Days 25 If less than one day hr. min.

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

10. Usual occupation RETIRED

11. Industry or business HARDWARE DEALER

FATHER
12. Name DAVID KOENIG
13. Birthplace GERMANY (City, town, or county) (State or foreign country)

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

16. (a) Informant Mary Koenig
(b) Address 2824 VICTOR

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 6/9/41 (Month) (Day) (Year)
(c) Place: burial or cremation ST. PAULS CHURCHYARD

18. (a) Signature of funeral director [illegible]
(b) Address 3013 Morganford

19. (a) JUN 7 1941 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 6 year 1941 hour 2.00 minute P. M.

21. I hereby certify that I attended the deceased from May 10th 19 41 to June 6th 19 41 that I last saw him alive on June 6th 19 41 and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy (Cerebral)

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) General Arterio-sclerosis

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature B. W. Klippel M.D. (M. D. or other)

Address 3235 So. Grand Blvd. Date signed 6/7/41

(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 George N. Archambault, Registered Apprentice No. —
working under my personal supervision.

Signed George N. Archambault

Licensed Embalmer No. 2906

P. O. Address 3013 Miami

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.