No. 2
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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. 20283

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 5095

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: 4577 Holly Ave /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 68 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St Louis 917
(If outside city or town limits, write "RURAL") 9

(d) Street No. 4577 Holly Ave
(If rural, give location) 0

(e) If foreign born, how long in U. S. A.? 68 years.

3. (a) PRINT FULL NAME Sophia Koeneman

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 / Married

6. (b) Name of husband or wife Wm Koeneman

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

7. Birth date of deceased June (Month) 19 (Day) 1870 (Year)

8. AGE: Years 71 Months --- Days --- If less than one day hr. min.

9. Birthplace Germany (City, town, or county) 4 Germany (State or foreign country)

10. Usual occupation at home

11. Industry or business

FATHER
12. Name Henry Mueller
13. Birthplace (City, town, or county) 4 Germany (State or foreign country)

MOTHER
14. Maiden name Sophia Derbig
15. Birthplace (City, town, or county) 4 Germany (State or foreign country)

16. (a) Informant Wm Koeneman
(b) Address 4577 Holly Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June (Month) 23 (Day) 1941 (Year)
(c) Place: burial or cremation New Bethlehem Cemetery

18. (a) Signature of funeral director Beiderwieden Funl Home Inc
(b) Address 1936 St Louis AVE

19. (a) JUN 21 1941 (Date received local registrar) (b) J. H. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 19
year 1941 hour 12:10 minute A M.

21. I hereby certify that I attended the deceased from Feb. 24, 1941, to June 19, 1941
that I last saw her alive on June 18, 1941
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary thrombosis	1 day
Due to Angina Pectoris	5 years
Due to General arteriosclerosis	years
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

23. Signature Arthur Gundlach (M. D. or other)
Address 2202 Kennerly Date signed 6/20/41

(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.....

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

working under my personal supervision.

Signed Felix J. Krispin

Licensed Embalmer No. 3497

P. O. Address 1936 St. Louis

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, fact should be so stated above.