

No. 2
-13-40
-17-39
X2255

BUREAU OF VITAL STATISTICS
FILED AUG 28 1941

State File No. _____

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 5751

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

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:
18th & Pine 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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

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

(d) Street No. 6250 San Bonita
(If rural, give location)

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

3. (a) PRINT FULL NAME Maurice M. Koenigsberg

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 11
year 1941 hour 4:10 minute 0 P. M.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Maye Koenigsberg

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased Jan. 22, 1864
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw h_____ alive on _____, 19____;

and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>77</u>	<u>5</u>	<u>19</u>	hr. _____ min. _____

Immediate cause of death Coronary Occlusion

Due to Arterio Sclerosis

Due to _____

Other conditions AK
(Include pregnancy within 3 months of death)

9. Birthplace Alexandria Virginia
(City, town, or county) (State or foreign country)

10. Usual occupation Mfg.

11. Industry or business Stickers

12. Name Max Koenigsberg

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

14. Maiden name Unknown

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

Major findings:
Of operations AK

Of autopsy AK

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Maye Koenigsberg

(b) Address 6250 San Bonita

17. (a) Burial (b) Date thereof 7-13-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Sinai Cemetery

18. (a) Signature of funeral director Herman Kunder

(b) Address 5216 Delmar Blvd.

19. (a) JUL 12 1941 (b) J. Budeck
(Date received local Registrar) (Registrar's signature)

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 Walter Perry (M. D. or other) 3

Address Regat, Brown Date signed 7/13/41

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..... *Chas. W. Cooper*.....

Licensed Embalmer No..... *3830*.....

P. O. Address..... *5216 Delmar*.....

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.