

FILED MAR 24 1942 791

Registration District No.

Primary Registration District No.

100

Registrar's No.

1. PLACE OF DEATH:

(a) County.....
 (b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. Louis City Hospital #1 0
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 4 Days
(Specify whether
 In this community Life
years, months or days)

3. (a) PRINT FULL NAME Elizabeth 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 Ben Koenig 6. (c) Age of husband or wife if alive..... years
 7. Birth date of deceased Feb 28 1864
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>78</u>		<u>6</u> hr. min.

9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)10. Usual occupation At Home

11. Industry or business.....

MOTHER FATHER

12. Name Frank Bagersdoerfer
 13. Birthplace Germany
(City, town, or county) (State or foreign country)
 14. Maiden name Agusta Brender
 15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Frank Meyer
(b) Address 2720 Accomac St.17. (a) Burial (b) Date thereof March 9 42
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation S. S. Peter & Paul18. (a) Signature of funeral director John Kuts & Son
(b) Address 2906 Gravois Ave.19. (a) MAR 8 1942 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 4077 Concordia Ave.
(If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 6,
year 1942 hour 3:30 minute P. A. M.21. I hereby certify that I attended the deceased from March
3, 1942, to March 6, 1942
that I last saw her alive on March 6, 1942
and that death occurred on the date and hour stated above.Immediate cause of death Severely of arteriosclerosis
Samuel Ferrentis

Due to.....

Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)Major findings:
Of operations.....Of autopsy Refused

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 5Signature Deu on Blleu (Dr. P. or other) 3/6/42
Address 1515 Lafayette Avenue Date signed.....

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 David M. Van Fossen, Registered Apprentice No. 280 working under my personal supervision.

Signed

Thos. Luter

Licensed Embalmer No. 1619

P. O. Address 2906 Gravois

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.