S. No. 2
M—1-4-41
. 5-17-39
I X28390

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. 11993

FILED MAR 31 1942

Registration District No. 784

Primary Registration District No. 200

Registrar's No. 568

1. PLACE OF DEATH:

(a) County St Louis

(b) City or town Koch
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Robert Koch Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 63 days (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis

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

(d) Street No. 1437 De Soto
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME HERMAN KOENIG

3. (b) If veteran, name war None

3. (c) Social Security No. 493-05-4980

4. Sex M.

5. Color or race W.

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

6. (b) Name of husband or wife Luella Hermann

6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased July 27 (Month) 1895 (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
46	7	12	hr. min.

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

10. Usual occupation Policeman - Laborer

11. Industry or business

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

MOTHER
14. Maiden name Wilhelmina Hackman
15. Birthplace (City, town, or county) Germany (State or foreign country)

16. (a) Informant Self.

(b) Address

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/13/42 (Month) (Day) (Year)

(c) Place: burial or cremation St. Johns Cemetery

18. (a) Signature of funeral director Math Hermann & Son

(b) Address 2161 East Fair Ave

19. (a) MAR 12 1942 (Date received local registrar) (b) E. G. McGarvey (Registrar's signature)

107

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 9
year 1942 hour 9 minute 20 P. M.

21. I hereby certify that I attended the deceased from Jan 6th, 1942, to Mar 9, 1942, that I last saw him alive on Mar 9, 1942, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic Pulmonary Tuberculosis	1 yr (?)
Due to	
Due to	
Other conditions: Spontaneous Pneumothorax (Include pregnancy within 3 months of death)	6 wks

Major findings:
Of operations 0
Of autopsy 0

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 Herbert F. Schwartz (M. ~~D. or other~~)

Address Koch Hosp. Date signed 3-10-42

(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 Francis A. Williamson

Licensed Embalmer No. 13565

P. O. Address 74 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, fact should be so stated above.