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S. No. 2
M-9-4-41
v. 5-17-39
I X2948

16341

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

State File No. _____
Registrar's No. 4572

FILED JUN 10 1942 791

Registration District No. _____ Primary Registration District No. _____

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

1. PLACE OF DEATH:
(a) County _____
(b) City or town St. Louis, Missouri
(c) Name of hospital or institution: St. Louis City Hospital
(d) Length of stay: In hospital or institution 21 Days
In this community 10 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County _____
(c) City or town St. Louis
(d) Street No. 3810 Ashland
(e) Citizen of foreign country? _____

3. (a) PRINT FULL NAME John Louis Koenigstein
(b) If veteran, name war no
(c) Social Security No. 492-16-1838

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May, day 25, year 1942, hour 2:00, minute P.
21. I hereby certify that I attended the deceased from May 5, 1942, to May 25, 1942
that I last saw him alive on May 25, 1942
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced 3 divorced
6. (b) Name of husband or wife unknown 6. (c) Age of husband or wife if alive 17 years
7. Birth date of deceased March 17, 1869

Immediate cause of death
Severe Coronary Occlusion
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

8. AGE: Years 73 Months 2 Days 8 If less than one day _____

Major findings: vesicle seen (stone)
Of operations: laparotomy, cysts
Of autopsy: hypertrophy of prostate

9. Birthplace Hecker, Illinois

10. Usual occupation Machinist

11. Industry or business American Foundry

12. Name Louis Koenigstein

13. Birthplace Germany

14. Maiden name Mosina Dutz

15. Birthplace Germany

16. (a) Informant Louis Koenigstein
(b) Address 3810 Ashland

17. (a) Removal Redbud Illinois (b) Date thereof 5-26-1942

18. (a) Signature of funeral director Willard Koch
(b) Address Redbud Illinois

19. (a) MAY 26 1942 (b) J. F. Brudek

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
While at work? _____ (Specify type of place) _____
23. Signature [Signature] (M. D. or other) _____
Address 1515 Lafayette Ave. Date signed 5/25/42

(Licensed Embalmer's Statement on Reverse Side)

MOTHER FATHER

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

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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.....

Licensed Embalmer No.....

P. O. Address.....

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.