V. S. No. 2
50M—5-42
Rev. 5-17-39

FILED MAY 11 1943

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

14231

State File No.

Registration District No. 116 Primary Registration District No. 3020 Registrar's No. 38

36
6
2

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

1. PLACE OF DEATH:
(a) County Franklin
(b) City or town Washington
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Frances Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 24 Hours (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Franklin 36
(c) City or town Union 5
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Anna K. Koenig
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female 1
5. Color or race White 2
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Aug. 4, 1863 (Month) (Day) (Year)

8. AGE: Years 79 Months 8 Days 25 If less than one day hr. min.

9. Birthplace Union, Missouri (City, town, or county) 0 (State or foreign country)
10. Usual occupation Housekeeper
11. Industry or business
FATHER
12. Name Gerhardt G. Kruel
13. Birthplace Germany (City, town, or county) 4 (State or foreign country)
MOTHER
14. Maiden name Minnie Hemann
15. Birthplace Germany (City, town, or county) 4 (State or foreign country)
16. (a) Informant Mrs. Mattie Ryser
(b) Address Union, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-2-43 (Month) (Day) (Year)
(c) Place: burial or cremation Rural Union, Mo.
18. (a) Signature of funeral director Wm H. Horn
(b) Address Union, Mo
19. (a) May 1/43 (Date received local registrar) (b) Fred J. Ruethe Dep (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 29
year 1943 hour 12 minute 30 P.M.

21. I hereby certify that I attended the deceased from April 28, 1943, to April 29, 1943
that I last saw her alive on April 29, 1943
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Apoplexy	24 hrs
Due to Arteriosclerotic Cardiovascular disease	15 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

93d

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 0

23. Signature B. G. Stuhlman (M. D. or other) M.D.
Address Union, Mo Date signed 4-30-43

1181

(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.....

Licensed Embalmer No. 3175

P. O. Address Union, 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.