

Registration District **318**

Primary Registration District No. **1003**

Registrar's No. **8285**

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town **ST. LOUIS**  
(c) Name of hospital or institution **ST. JOHN'S Hospital**  
(If outside city or town limits, write "RURAL" and name of township)  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **9 DAYS**  
In this community **40 yrs.**  
(Specify whether 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. **5721 E. RICHT.**  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? **0** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **9** day **16**  
year **1943** hour **8:45** minute **A.** M.  
21. I hereby certify that I attended the deceased from **March 1st**  
**1941**, to **September 16**, 19**43**  
that I last saw her alive on **9/15/43**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Basal O. obstruction**  
Duration **10 days**

Due to **Adynamic ileus**  
**Cause unknown**

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: **Adynamic ileus**  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_

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)  
(c) Means of injury \_\_\_\_\_

23. Signature **David A. Munsch** (M. D. or other) \_\_\_\_\_  
Address **634 N Grand** Date signed **9/16/43**

3. (a) PRINT FULL NAME **Amanda Koening**  
3. (b) If veteran, name war **Nil** 3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widow**  
6. (b) Name of husband or wife **DR. OTTO KOENIG** 6. (c) Age of husband or wife if alive **deceased** years  
7. Birth date of deceased **JANUARY 14 1874**  
(Month) (Day) (Year)

8. AGE: Years **69** Months **8** Days **2** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **Mayville** **Wisc.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **HOUSEWORK**

11. Industry or business \_\_\_\_\_  
12. Name **Herman Gerpe**  
13. Birthplace **Unknown** **Germany**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Henrietta Genzmer**  
15. Birthplace **Williams town** **Wisc.**  
(City, town, or county) (State or foreign country)

16. (a) Informant **MRS. FRED C. MEIER**  
(b) Address **5721 E. RICHT.**  
17. (a) **CREMATION** (b) Date thereof **9-18-43**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Valhalla Crematory**

18. (a) Signature of funeral director **W. Bredeur**  
(b) Address **3934 N. Grand**  
19. (a) **SEP 17 1943** (b) **W. Bredeur**  
(Date received local registrar) (Registrar's signature)

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

**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.....

*Alfred J. Bradeker*  
.....  
Licensed Embalmer No. *2663*  
.....

P. O. Address *5934 Alpha*  
.....

**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.**