

FILED OCT 22 1943

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 33267

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 9033

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
2727 Utah  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community Life years, months or days)

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. 2727 Utah (If rural, give location) 24  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME William M. Koenig,

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex Male 5. Color or Race White 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Josephing 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased April 27, 1863  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
80, 5 15 hr. \_\_\_\_\_ min.

9. Birthplace St. Louis, Missouri (City, town, or county) (State or foreign country) 0

10. Usual occupation Retired

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Unknown,  
13. Birthplace do (City, town, or county) (State or foreign country) 9  
14. Maiden name do  
15. Birthplace do (City, town, or county) (State or foreign country) 9

16. (a) Informant Richard Koenig,

(b) Address 4607 Louisiana

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/16/43  
(Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Oscar J Hoffmeister

(b) Address 4016 Chippewa

19. (a) OCT 13 1943 (b) \_\_\_\_\_ (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 12  
year 1943 hour 7:15 minute P. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Esophagus with metastasis to Brain

Due to \_\_\_\_\_  
Due to 55  
Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

Duration \_\_\_\_\_  
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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury 3

23. Signature Alfred J. Perry (M. D. or other) \_\_\_\_\_  
Address \_\_\_\_\_ Date signed 10/17/43

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

*Ernest W. Spillera*

Licensed Embalmer No.

*4080*

P. O. Address

*3836 Botanical*

**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.**