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FILED JUL 13 1944
Registration District No. 317

Primary Registration District No. 6076

Registrar's No. 1431

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Lemay
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Mt. St. Rose Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 18 months
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis ⁹⁶
(c) City or town Lemay ⁰
(If outside city or town limits, write "RURAL")
(d) Street No. 9101 S. Broadway
(If rural, give location)
(e) Citizen of foreign country? -- (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Joseph A. Koenig

3. (b) If veteran, name war World War #I 3. (c) Social Security No. --

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Sept. 21, 1888
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
55 9 10 hr. _____ min.

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

10. Usual occupation none

11. Industry or business _____

MOTHER FATHER { 12. Name William J. Koenig ⁴
13. Birthplace Germany (City, town, or county) (State or foreign country)

14. Maiden name Susanna Freerichs

15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant Sister Mary Edith

(b) Address St. Mary Hospital

17. (a) Burial (b) Date thereof July 31 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Old Sts. Pter & Paul Cem

18. (a) Signature of funeral director Fendler Und. Co.

(b) Address 7420 Michigan Avenue

19. (a) JUL 3 - 1944 (b) E. D. McGowan, MD
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 1st
year 1944 hour 11 minute 00 AM.

21. I hereby certify that I attended the deceased from Dec 1st
1942 to July 1st 1944
that I last saw him alive on July 1st 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis ^{10 yrs.}
Duration

Due to _____
Due to 13 1/2
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____
Of autopsy _____
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?

While at work? _____ (Specify type of place) (e) Means of injury 0

23. Signature J. B. Murphy (M. D. or other) MD

Address 201 S. Broadway Date signed 7-1-44

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

APR 11 1968

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 *Howard D Rowland*

Licensed Embalmer No. *3114*

P. O. Address *St Louis*

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.