

**FILED NOV 30 1944**  
Registration District No. \_\_\_\_\_

Primary Registration District No. **1003**

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

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: **City Hospital** **0**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **7 days**  
(Specify whether years, months or days)

In this community **30 years**  
(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. **2602 Hadley St.**  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Mrs. Beulah Koenig**

3. (b) If veteran, name war **none**

3. (c) Social Security No. **none**

4. Sex **female** 5. Color or race **white**

6. (a) Single, widowed, married, divorced **married**

6. (b) Name of husband or wife **Louis Koenig**

6. (c) Age of husband or wife if alive **70** years

7. Birth date of deceased **October 28th, 1900**  
(Month) (Day) (Year)

8. AGE: Years **44** Months **0** Days **3**  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation **Housework**

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

12. Name **Jack Boice**

13. Birthplace **unknown**  
(City, town, or county) (State or foreign country)

14. Maiden name **Clara B. Adams**

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

16. (a) Informant **Mrs. Katherine Keister**  
(b) Address **3201 N. 9th. St.**

17. (a) **Burial** (b) Date thereof **11-4-44**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Friedens Cemetery Hy. Leidner U. Co.**

18. (a) Signature of funeral director **2223 St. Louis Ave.**  
(b) Address \_\_\_\_\_

19. (a) **NOV 2 1944** (b) **J. F. Predeck**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **November** day **1st.**  
year **1944** hour **11 AM.** minute \_\_\_\_\_ 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 \_\_\_\_\_  
**General Peritonitis following the forceful entry of foreign body through vaginal wall;**  
Due to \_\_\_\_\_  
**CAUSE AND MANNER OF DEATH COULD NOT BE DETERMINED.**  
Due to \_\_\_\_\_

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

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

Of autopsy \_\_\_\_\_

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 **Thomas J. Callahan** (M. D. or other) \_\_\_\_\_  
Address **Deputy Coroner** Date signed **11-2-44**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

**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 *John P. Buckholz*.....

Licensed Embalmer No. *1674*.....

P. O. Address *2223 St. Louis Ave*.....

**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.**