

S. No. 2
DM-5-43
v. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 21 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40978**
Registrar's No. **289**

Registration District No. **77** Primary Registration District No. **3016**

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

1. PLACE OF DEATH:
(a) County **Cole**
(b) City or town **Jefferson City**
(c) Name of hospital or institution: **St. Marys Hospital**
(d) Length of stay: In hospital or institution **0**
In this community **0** years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Osage**
(c) City or town **Rural**
(d) Street No. **Bonnots Mill, Mo. R D.**
(e) Citizen of foreign country? **No.**

3. (a) PRINT FULL NAME **Margarete Walsh Koenigsfeld**
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Dec** day **14th**, year **1944** hour **5** minute **35** AM.

4. Sex **Female** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Jos K. Koenigsfeld**
6. (c) Age of husband or wife if alive **74** years
7. Birth date of deceased **Oct 30th, 1875**

21. I hereby certify that I attended the deceased from **Oct 31 - 1944 to Dec. 14 - 1944**
that I last saw **her** alive on **Dec. 14**
and that death occurred on the date and hour stated above.

8. AGE: Years **69** Months **1** Days **4** If less than one day _____ hr. _____ min.

Immediate cause of death **Cholemia & Cachexia**
Due to **Carcinoma of bile ducts with metastases**
Due to **to liver**

9. Birthplace **Frankensteine, Mo.**
10. Usual occupation **House wife**

Other conditions **463**
(Include pregnancy within 3 months of death)
Major findings: **As above**
Of operations _____
Of autopsy _____

11. Industry or business _____
12. Name **John Walsh**
13. Birthplace **Tipperary County Ireland**
14. Maiden name **Mary Bridget Fox**
15. Birthplace **Gallawa y County Ireland**
16. (a) Informant **Jos K. Koenigsfeld**
(b) Address **Bonnots Mill, Mo. R D.**
17. (a) **Burial** (b) Date thereof **12/16/44**
(c) Place: burial or cremation **Frankensteine**

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

18. (a) Signature of funeral director **Eugene Weston**
(b) Address **Box 1447**
19. (a) **12-15-44** (b) **Therma Richter**
(Date received local registrar) (Registrar's signature)

23. Signature **J. A. Rossman** (M. D. or other) **M. D.**
Address **Jefferson City, Mo.** Date signed **12/15/44**

RECEIVED

District Health Officer No. 9

District File Number _____

Date Filed 12-19-48

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. 373, working under my personal supervision. *Clifford Howard DeWitt Jr.*

Signed *Vernon M. Morton*
Licensed Embalmer No. 4125
P. O. Address *Linn, 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.