V. S. No. 2
50M—5-42
Rev. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED AUG 22 1945

State File No. 23024

Registration District No. ____ Primary Registration District No. 3617 Registrar's No. 71

1. PLACE OF DEATH:

(a) County Cooper

(b) City or town Boonville Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
600 High
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days)
In this community Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Cooper

(c) City or town Boonville
(If outside city or town limits, write "RURAL")

(d) Street No. 600 High
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country ____

3. (a) PRINT FULL NAME WILLIAM LOUIS KOENIG

3. (b) If veteran, name war NONE

3. (c) Social Security No. 496-01-4725

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife EMMA M. KOENIG

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

7. Birth date of deceased JUNE 23 - 1886
(Month) (Day) (Year)

8. AGE: Years 59 | Months 0 | Days 7 | If less than one day ____ hr. ____ min.

9. Birthplace Cooper County Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Funeral Director

11. Industry or business Funeral Home

FATHER
12. Name Wm. Koenig
13. Birthplace Cooper Co Mo
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Louisa Hirsch
15. Birthplace Boonville Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Emma Koenig
(b) Address Boonville - Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 3-1945 (Month) (Day) (Year)
(c) Place: burial or cremation Walnut Grove

18. (a) Signature of funeral director Steqner - Koenig
(b) Address Boonville - Mo.

19. (a) July - 2-45 (Date received local registrar) (b) Dr Chas. Swapi (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 30 year 1945 hour 7:00 minute P M.

21. I hereby certify that I attended the deceased from Oct 17, 1939, to June 30, 1945, that I last saw ~~him~~ alive on June 30, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary occlusion	—
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) Previous occlusion	1939
Major findings: Myocarditis	
Of operations none	
Of autopsy none	

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature T C Beckett MD (M.D. or other)

Address Boonville Mo Date signed 7-2-45

1088 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8
District File Number
Date Filed 8-1-45

NOV 16 1945

JAN 2 1947

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 James W. Stegner

Licensed Embalmer No. 3780

P. O. Address Boonville, 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.