

FILED NOV 2 1945 STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 9126

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:
919 North 4th Street
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Out
 (c) City or town St Louis 12/17
(If outside city or town limits, write "RURAL")
 (d) Street No. 5137 Waterman 9
(If rural, give location)
 (e) Citizen of foreign country? NO 0
(Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME WILLIAM KOENEMAN

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

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

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

7. Birth date of deceased November 21 1864
(Month) (Day) (Year)

8. AGE: Years 80 Months 10 Days 29 If less than one day _____ hr. _____ min.

9. Birthplace Unknown Germany 4
(City, town, or county) (State or foreign country)

10. Usual occupation Pres. Koeneman Produce Co

11. Industry or business Wholesale Produce

MOTHER FATHER { 12. Name Christ Koeneman

13. Birthplace Unknown Germany 4
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

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

16. (a) Informant John Schulze

(b) Address 4362 Warne Avenue

17. (a) Burial (b) Date thereof Oct 23 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Batlehem Cem

18. (a) Signature of funeral director Reiderwieden F H Inc

(b) Address 1936 St Louis Avenue

19. (a) OCT 23 1945 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 20
 year 1945 hour 5 minute - A. M.

21. I hereby certify that I attended the deceased from November 6, 1945 to Oct. 20, 1945
 that I last saw him alive on Oct 18 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thromboses Duration 1 hr
 Due to Ch Hypertensio yes
 Due to genrel arteriosclerosis yes

Other conditions U
(Include pregnancy within 3 months of death)

Major findings: Of operations 9/2 PHYSICIAN _____
 Of autopsy _____
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 W. H. Smiles (M. D. or other) W. H. Smiles
 Address 220 W. 1st St Date signed 10/21/45

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

APR 30 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 *Glenn W. Hat*.....

Licensed Embalmer No. *53737*.....

P. O. Address. *1936 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.