

FILED JAN 12 1946
318

Registration District No. _____

Primary Registration District No. _____

1003

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 #1 Enroute **3**
(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 _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL") **14**
(d) Street No. 3655 Childress Ave
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Edward J. Koenigkramer

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Dora Koenigkramer 6. (c) Age of husband or wife if alive 57 years
7. Birth date of deceased 6-29-1888
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
57 6 2 _____ hr. _____ min.

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

10. Usual occupation Credit Manager

11. Industry or business International Shoe Co

MOTHER FATHER
12. Name Wm. E. Koenigkramer
13. Birthplace St. Louis Mo
(City, town, or county) (State or foreign country)
14. Maiden name Matilda Luenebrink
15. Birthplace St. Louis Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Dora Koenigkramer
(b) Address 3655 Childress Ave

17. (a) Burial (b) Date thereof 1/3/46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove Cemetery

18. (a) Signature of funeral director Robert J. Ambruster
(b) Address 6633 Clayton Road

19. (a) JAN 2 1946 J. F. Bredeck
(Date received by Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 31st
year 1945 hour 10 minute 58 P. 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 _____
Covering Arteries
Covering Arteries
Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)
Major findings:
Of operations _____
Of autopsy _____

Duration

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?

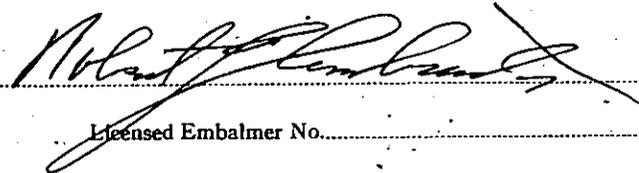
(Specify type of place) _____
While at work? _____ (e) Means of injury _____
23. Signature Alfred Perry (M. D. or other) _____
Date signed 1/2/46

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

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.....



.....
Licensed Embalmer No.....

P. O. Address.....

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.