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ev. 5-17-39
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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 MAY 16 1946

State File No. 17983

Registration District No. 577 Primary Registration District No. 3065 Registrar's No. 1002

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Glendale 22
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 931 Glenmoor Place /
(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 Two years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis 96

(c) City or town Glendale 22, 11
(If outside city or town limits, write "RURAL")

(d) Street No. 931 Glenmoor Pl., 1
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Laura B. Koenig

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex F /

5. Color or race W

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

6. (b) Name of husband or wife Dr. Ernest L. Koenig

6. (c) Age of husband or wife if alive Dec'd years

7. Birth date of deceased Nov. (Month) 17 (Day) 1882 (Year)

8. AGE: Years	Months	Days	If less than one day
63	5	16	hr. min.

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

10. Usual occupation At home

11. Industry or business

MOTHER FATHER

12. Name Herman L. Lampe

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

14. Maiden name Bertha Ruff

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

16. (a) Informant Russell L. Koenig.

(b) Address 407 Greeley Ave., Webster Groves Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5 - 6 - 46 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Mittelberg Fun. Home

(b) Address Webster Groves 19, Mo.

19. (a) 5-8-46 (Date received local registrar) (b) E. D. McDavran M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 3 year 1946 hour 10 minute 55 A.M.

21. I hereby certify that I attended the deceased from Apr. 10, 1946, to May 3, 1946, that I last saw her alive on May 3, 1946, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Hypertensive Cardio Vascular disease	10 yrs.
Due to Carcinoma of Gall Bladder	6 mo.
Due to 1946	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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 O. Stephaugh (M.D. or other) MD

Address Webster Groves Mo Date signed May 3-46

707

(Licensed Embalmer's Statement on Reverse Side)

MAY 17 19[illegible]

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 Ernest W. Spillars

Licensed Embalmer No. 4080

P. O. Address 3836 Botanical 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.