

U. S. No. 2
DOM-5-43
Rev. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003

State File No. **11128**
2871
Registrar's No. _____

FILED MAR 31 1947
318
Registration District No. _____

Primary Registration District No. _____

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Lutheran Altenheim - 8721 Hausferry Rd
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether)

In this community 80 yrs.
years, months or days

2. USUAL RESIDENCE OF DECEASED:

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

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. Lutheran Altenheim 8721 Hausferry Rd
(If rural, give location)

(e) Citizen of foreign country? = (Yes or No) 9

If yes, name country =

3. (a) PRINT FULL NAME LOUISE KOENIG

3. (b) If veteran, name war =

3. (c) Social Security No. =

4. Sex Fe 5. Color White race White

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

6. (b) Name of husband or wife Henry Koenig

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

7. Birth date of deceased Aug 6 1864
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 17
year 1947 hour 2 minute A M.

21. I hereby certify that I attended the deceased from Sept 1946 to Mar 15, 1947
that I last saw h. a. alive on Mar 15, 1947,
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial infarction 20%

Duration _____

8. AGE: Years 82 Months 7 Days 11
If less than one day _____ hr. _____ min.

Due to _____

Due to 97

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

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

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings:
Of operations _____

Of autopsy _____

10. Usual occupation bell

11. Industry or business _____

12. Name Vossmeier

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

14. Maiden name Uebmann

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

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? 0

16. (a) Informant Harry Koenig

(b) Address 1184 Riverhill

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-20-47
(Month) (Day) (Year)

(c) Place: burial or cremation Wentzville Mo.

While at work _____ (Specify type of place)

(c) Means of injury _____

18. (a) Signature of funeral director Baderweiser Funeral Home

(b) Address 1936 N. Lays Ave

19. (a) MAR 18 1947 (Date received local registrar)

J. F. Bredeck (Registrar's signature)

23. Signature John P. Deardorff (M. D. Registrar)

Address 8209 - 9th Ave Date signed 3/17/47

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 Neal C. Paulson

Licensed Embalmer No. 4114

P. O. Address 1936 St. Louis Ave

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.