V. S. No. 2
0M—1/47
ev. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

39854

FILED DEC 15 1947 918

Registration District No. .....

Primary Registration District No. 1003

State File No. .....

Registrar's No. 11131

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

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: Deaconess Hospital 0
(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 0-00

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 3852a Meramec 9
(If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME Thomas Henry Koenig

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Infant 0

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

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

7. Birth date of deceased September (Month) 16 (Day) 1947 (Year)

8. AGE:

Years	Months	Days	If less than one day
0	2	16	..... hr. ..... min.

9. Birthplace St. Louis (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Infant

11. Industry or business .....

FATHER
12. Name Ralph Henry Koenig 0
13. Birthplace Wentzville (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Mabel Anna Schmidt
15. Birthplace Nashville (City, town, or county) Illinois 1 (State or foreign country)

16. (a) Informant Mrs. Dora A. Koenig
(b) Address 4614 Alaska Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-4-47 (Month) (Day) (Year)
(c) Place: burial or cremation Wentzville, Mo.

18. (a) Signature of funeral director T. E. Pitman
(b) Address Wentzville, Mo.

19. (a) DEC 4 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 2
year 1947 hour 8 minute 15 PM.

21. I hereby certify that I attended the deceased from birth Sept 16th, 1947, to Dec 2nd, 1947; that I last saw him alive on Dec 2nd, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Volvulus c̄ Gangrene of bowel	48 Hrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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PHYSICIAN

Underline the cause of 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) 0

While at work? ..... (e) Means of injury .....

23. Signature Arnold G. Klein (M. D. or other) [illegible]

Address 2632 S. Kingshighway Date signed 12/4/47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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 John S. Dennehy

Licensed Embalmer No. 4194

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.