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FILED JAN 16 1948

Registration District No. **317**

Primary Registration District No. **3064**

1. PLACE OF DEATH:

(a) County St. Louis
 (b) City or town Ferguson
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
6100 Emerald Ave.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether)
 In this community Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis **96**
 (c) City or town Ferguson **6**
(If outside city or town limits, write "RURAL")
 (d) Street No. 6100 Emerald **2**
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME

Richard Koenig

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex M O

5. Color or race W

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

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

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

7. Birth date of deceased April 2 1869
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
78 8 17 hr. min.

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

10. Usual occupation Retired Theater Employee

11. Industry or business Theatrical

12. Name Gallus Koenig

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

14. Maiden name Elizabeth Meyer

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

16. (a) Informant Joseph R. Koenig.

(b) Address Ferguson, Mo.

17. (a) Burial (b) Date thereof 12/22/47.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Friedens Cemetery

18. (a) Signature of funeral director White Funeral Home
Ferguson, Mo.

(b) Address _____
 19. (a) 1-13-48 (b) Bentley
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 19
 year 1947 hour 3 minute 45 P.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
 that I last saw h_____ alive on _____, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death _____
Unknown

Due to _____

Due to 200C

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

Major findings: Of operations _____

Of autopsy _____

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)
 Means of injury 0

23. Signature Beulah J. Sharp (M.D. optional)
 Address Commissioner of Health Date signed 12-23-47

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

JAN 17 1948

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 L. M. White

Licensed Embalmer No. 3973

P. O. Address Bergeron

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.