. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

14999

State File No. 0

FILED APR 30 1948

Registration District No. 317

Primary Registration District No. 6076

Registrar's No. 1010

96
0
0

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Jefferson Barracks, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Veterans Administration Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 Days (Specify whether
In this community 3 Days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

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

(d) Street No. 3620 Blaine Ave. 9
(If rural, give location)

(e) Citizen of foreign country? - (Yes or No) 1

If yes, name country -

3. (a) PRINT FULL NAME KING, Edward

3. (b) If veteran, name war SPANISH-AMERICAN

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased August (Month) 17 (Day) 1872 (Year)

8. AGE:

Years	Months	Days	If less than one day
75	8	0	hr. min.

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

10. Usual occupation Laborer

11. Industry or business

FATHER
12. Name ~~Unavailable~~ Michael Koenig
13. Birthplace ~~#~~ Germany (City, town, or county) (State or foreign country) 4

MOTHER
14. Maiden name Theresa Kleinpeter
15. Birthplace ~~Unavailable~~ France (City, town, or county) (State or foreign country) 5

16. (a) Informant Registrar, VA Hospital
(b) Address Jefferson Barracks, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/20/48 (Month) (Day) (Year)
(c) Place: burial or cremation National Cem. Jeff. Bks.

18. (a) Signature of funeral director C. Hoffmeister U&L Co.
(b) Address 7814 S. Bdwy. St. Louis, Mo.

19. (a) 4-20-48 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 17
year 1948 hour 1:30 minute A. M.

21. I hereby certify that I attended the deceased from April 14, 1948, to April 17, 1948
that I last saw him alive on April 17, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death PULMONARY TUBERCULOSIS

Due to - 13b

Due to -

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

Major findings:
Of operations -

Of autopsy No Autopsy performed
(See cause of death)

Duration

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) None

(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 L. E. Stilwell (M. D. ~~XXXXX~~)
Address VAH, Jeff. Brks. Mo. Date signed 4/19/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

NOV 3

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 Harry J. Schumacher

Licensed Embalmer No. 2679

P. O. Address 7814 S. Broadway

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.