No. 2
-1/47
-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 12 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 17736

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5058

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: 0 Deaconess Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 month
In this community Life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County 000
(c) City or town St Louis (If outside city or town limits, write "RURAL") 17
(d) Street No. 4914 Quincy 9
(If rural, give location) 0
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Clara Koenker
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Harry
6. (c) Age of husband or wife if alive 49 years
7. Birth date of deceased Feb (Month) 10 (Day) 1900 (Year)

8. AGE: Years 48 Months 3 Days 19 If less than one day hr. min.

9. Birthplace St Louis (City, town, or county) Mo (State or foreign country) 0
10. Usual occupation Housewife
11. Industry or business
FATHER 12. Name Richard Koenker
13. Birthplace Germany (City, town, or county) (State or foreign country) 4
MOTHER 14. Maiden name Margaretha Ludderhose
15. Birthplace St Louis (City, town, or county) Mo (State or foreign country) 0
16. (a) Informant Harry Koenker
(b) Address 4914 Quincy
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/1/48 (Month) (Day) (Year)
(c) Place: burial or cremation New Picker Cemetery
18. (a) Signature of funeral director J L Ziegenhein & Sons
(b) Address 7027 Gravois
19. (a) JUN 2 1948 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 29 year 1948 hour 2 minute 00 p.m.

21. I hereby certify that I attended the deceased from 3-15, 1947 to 5-29, 1948 that I last saw her alive on May 29, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cardio-Vascular-Renal disease	18 mos
Due to Hypertension	"
Due to Arteriosclerosis	"
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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)
While at work? (e) Means of injury 0

23. Signature B. B. Gummels (M. D. or other)
Address 116 McCausland Date signed 6-1-48

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

DR. GUMMELS

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 Frank J. Dwyer

Licensed Embalmer No. 2245

P. O. Address St Louis Mo.

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.