. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED AUG 28 1948
Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH
Primary Registration District No. 1003

State File No. 27917
Registrar's No. 7339

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: De Paul Hospital (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 59 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 5436 Rosa Avenue (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country —

3. (a) PRINT FULL NAME George Koenig
3. (b) If veteran, name war —
3. (c) Social Security No.

4. Sex Male | 5. Color or race White | 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Clara Koneffke | 6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased December (Month) 22, (Day) 1888 (Year)

8. AGE: Years	Months	Days	If less than one day
59	7	28	hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Deputy Sheriff
11. Industry or business City of St. Louis

MOTHER
12. Name George Koenig
13. Birthplace (City, town, or county) Germany (State or foreign country)

FATHER
14. Maiden name Minnie Guetschow
15. Birthplace (City, town, or county) Germany (State or foreign country)

16. (a) Informant Mrs. Clara Koenig
(b) Address 5436 Rosa Avenue
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 21, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation New Bethlehem Cemetery
18. (a) Signature of funeral director BEIDERWIEDEN F. H. INC.
(b) Address 1936 St. Louis Avenue
19. (a) AUG 21 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 19 year 1948 hour 11: minute 40 A. M.

21. I hereby certify that I attended the deceased from 3-18, 19 47 to 8-19, 19 48 that I last saw h. alive on 8-18, 19 48 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma of Esophagus	18 mos
Due to	
Due to	
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

23. Signature D. D. Connolly (M. D. or other) M. D.
Address 4952 Westminster Date signed 8-20-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Dr. L. D. Cassidy
4952 Maryland Avenue

1:00 to 3:30 P.M.

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 Wax L. Waufel

Licensed Embalmer No. 4170

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.