

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 8209

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: DePaul Hospital
(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

3. (a) PRINT FULL NAME Frank Louis Koenig
3. (b) If veteran, name war No
3. (c) Social Security No. Unknown

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased October 3 1931
(Month) (Day) (Year)

8. AGE: Years 16 Months 11 Days 15 If less than one day
 hr. _____ min.

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

10. Usual occupation Student

11. Industry or business High School

12. Name Henry Koenig

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

14. Maiden name Fannie Hubner

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

16. (a) Informant Mrs. Fannie Koenig

(b) Address 5012a Northland Ave.

17. (a) Removal (b) Date thereof 9-20-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Alton, Ill.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) SEP 20 1948 (b) J. F. Braseck
(Date received local registrar) (Registrar's signature)

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. 5012a Northland Ave.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 18
year 1948 hour 11:35 minute _____ P. _____ M. _____

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

Immediate cause of death Fracture of Skull; Duration _____
Subdural Hematoma; when he fell from
a hay-rack being drawn by an auto-
Due to mobile driven by Thomas Miller,
around 9:30 P.M. Sept. 18th, 1948,
Due to on Burmuda Road near Norwood
Country Club Grounds;

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

Major findings:
Of operations _____
Of autopsy _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence Sept. 18th, 1948

(c) Where did injury occur? St. Louis, Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
In Public Place
(Specify type of place)

While at work? No Means of injury see above

23. Signature [Signature] (M. D. or other) _____
Address [Signature] Date signed 9/20/48

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

MOTHER, FATHER

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.....

J. W. Wilkinson

Licensed Embalmer No.....

3575

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.