

FILED OCT 28 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

34634

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 273 PRIMARY REG. DIST. NO. 5918 Registrar's No. 70

1. PLACE OF DEATH a. COUNTY <u>Perry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Perry</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Salem</u>		c. LENGTH OF STAY (In this place) _____	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Salem</u>	
		d. STREET ADDRESS (If rural, give location) _____	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Adolph</u> b. (Middle) _____ c. (Last) <u>Koenig</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 16 1949</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Nov. 7 1876</u>	9. AGE (In years last birthday) <u>72</u>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Perry Co. Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>Herman Koenig</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Jacob</u>		14. NAME OF HUSBAND OR WIFE <u>Margarete Koenig</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Margarete Koenig Farrar Mo.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>3 mo.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		17 21	

19a. DATE OF OPERATION <u>None</u>	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from Oct 7, 1949, to Oct 16, 1949, that I last saw the deceased alive on Oct 14, 1949, and that death occurred at 8:00 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Theodore Fischer M.D.</u>	23b. ADDRESS <u>Attenburg Mo</u>	23c. DATE SIGNED <u>10-17-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Oct. 20 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lutheran Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Farrar Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Oct 19-1949</u>	REGISTRAR'S SIGNATURE <u>Joe J. Zschern</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Young &amp; Sons Perryville Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 10-26-49

District Health Officer No. 4

District File Number 1049-1427

Date Filed \_\_\_\_\_

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Student Embalmer

Signed Wallace Young

Licensed Embalmer No. 4027

P. O. Address Perryville

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.