S. No. 300
v. 10.48

FILED NOV 8 1951

# THE DIVISION OF HEALTH OF MISSOURI
## STANDARD CERTIFICATE OF DEATH

State File No. 35287

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1002 Registrar's No. 9626

**1. PLACE OF DEATH**
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lutheran Hospital

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis 2159
d. STREET ADDRESS (If rural, give location): 4650 Leona

**3. NAME OF DECEASED** (Type or Print)
a. (First): Henry
b. (Middle):
c. (Last): Koenig

**4. DATE OF DEATH** (Month) (Day) (Year): Oct. 29 1951

**5. SEX**: Male
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Widow
**8. DATE OF BIRTH**: July 10 1878
**9. AGE** (In years last birthday): 73 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Retired Beer Botter Bush
**10b. KIND OF BUSINESS OR INDUSTRY**
**11. BIRTHPLACE** (State or foreign country): St. Louis Mo
**12. CITIZEN OF WHAT COUNTRY?**

**13a. FATHER'S NAME**: Wm. Koenig
**13b. MOTHER'S MAIDEN NAME**: Not Known
**14. NAME OF HUSBAND OR WIFE**: Kate (Deceased)

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown) (If yes, give war or dates of service)
**16. SOCIAL SECURITY NO.**
**17. INFORMANT'S SIGNATURE OR NAME** ADDRESS: Edna Scheid 4650 Leona

**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, asthenia, etc. It means the disease, injury, or complication which caused death.

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Fracture left femur
ANTECEDENT CAUSES — Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Fall in his own home
DUE TO (c): Cardiac decompensation
II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 6 weeks

**19a. DATE OF OPERATION**: 10-29-51
**19b. MAJOR FINDINGS OF OPERATION**: Fracture femur
**20. AUTOPSY?** YES ☐ NO ☑

**21a. ACCIDENT SUICIDE HOMICIDE** (Specify): accident
**21b. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.): at his own
**21c. (CITY, TOWN, OR TOWNSHIP)** (COUNTY) (STATE): St Louis Mo E 9030
**21d. TIME OF INJURY** (Month) (Day) (Year) (Hour): Sept 20, 1951
**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☑
**21f. HOW DID INJURY OCCUR?** Slipped in bath tub while taking a bath

22. *I hereby certify that I attended the deceased from* Sept 25, 1951, *to* Oct 29, 1951, *that I last saw the deceased alive on* Oct. 29, 1951, *and that death occurred at* 4:P *m., from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): S. T. Mayer [illegible]
**23b. ADDRESS**: So Side Natl Bk. Bldg
**23c. DATE SIGNED**: 10-30-51

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: 11-1-51
**24c. NAME OF CEMETERY OR CREMATORY**: New St. Marcus Cem.
**24d. LOCATION** (City, town, or county) (State): St. Louis Mo.

**DATE REC'D BY LOCAL REG.**: OCT 31 1951
**REGISTRAR'S SIGNATURE**: [illegible]
**25. FUNERAL DIRECTOR'S SIGNATURE** ADDRESS: Wm. Schumacher 3013 Meramec

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed Jack Haupt

Licensed Embalmer No. 4746

P. O. Address St Louis

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.