

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44927

State File No. _____

FILED JAN 26 1953

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 11982

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place)	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2249	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3836 Kosciusko Street		d. STREET ADDRESS (If rural, give location) 24 3836 Kosciusko Street	
3. NAME OF DECEASED (Type or Print) a. (First) Lisette b. (Middle) J. c. (Last) Koenig		4. DATE OF DEATH (Month) (Day) (Year) Dec. 28, 1952	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH Dec. 25, 1859
9. AGE (to years last birthday) 93		# UNDER 1 YEAR Months	# UNDER 24 HRS. Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY At home	
11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo. (U)		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME Rudolph Bruesselbach		13b. MOTHER'S MAIDEN NAME Augusta Duryea	
14. NAME OF HUSBAND OR WIFE H. Christian Koenig			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME Edwin C. Koenig		ADDRESS 3836 Kosciusko St.	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized arteriosclerosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
INTERVAL BETWEEN ONSET AND DEATH years			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input 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? 4500			
22. I hereby certify that I attended the deceased from Feb, 1946, to Dec 28, 1952, that I last saw the deceased alive on Dec 27, 1952, and that death occurred at 8:57A m., from the causes and on the date stated above.			
23a. SIGNATURE Lou F. Deau (Degree or title)		23b. ADDRESS 35 N Central	
23c. DATE SIGNED 12/29/52			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Dec. 31, 1952	
24c. NAME OF CEMETERY OR CREMATORY New St. Marcus Cem.		24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.	
DATE REC'D BY LOCAL REG. DEC 29 1952		REGISTRAR'S SIGNATURE J. Earl Smith, M.D.	
25. FUNERAL DIRECTOR'S SIGNATURE Weick Bros. 2201 So. Grand Bl.		ADDRESS	

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

35 No Central
1-2

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 *R. J. Johnson*

Licensed Embalmer No. 4366

P. O. Address W. J. 87-10

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.