

R.# 108 754

FILED APR 3 1953

BIRTH NO. REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 907

200

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

1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>ILLINOIS</u> b. COUNTY <u>SAINT CLAIR</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>JEFFERSON BARRACKS, MO.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MILLSTADT</u>	
c. LENGTH OF STAY (in this place) <u>29 days</u>		d. STREET ADDRESS (If rural, give location) <u>none</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>VETERANS ADMINISTRATION HOSP.</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>LOUIS</u>	b. (Middle) <u>HENRY</u>	c. (Last) <u>KOENIG</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>3-25-53</u>
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>8-7-96</u>	9. AGE (In years last birthday) <u>56</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 MIN. Hours	IF UNDER 1 MIN. Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FREIGHT HANDLER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>BREWERY</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>SNORA, TEXAS</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>FRED KOENIG</u>	13b. MOTHER'S MAIDEN NAME <u>LOUISA MEYER</u>	14. NAME OF HUSBAND OR WIFE <u>NONE</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>YES WWI</u>	16. SOCIAL SECURITY NO. <u>492 09 6696</u>	17. INFORMANT'S SIGNATURE OR NAME <u>VA HOSPITAL RECORDS, JEFF. BRKS, MO.</u>	ADDRESS
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>2 YEARS</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CIRRHOSIS OF THE LIVER</u>		
	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. <u>BRONCHOPNEUMONIA</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? <u>YES</u> <input checked="" type="checkbox"/> <u>NO</u> <input type="checkbox"/>
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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)
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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 <u>AS</u>
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22. I hereby certify that I attended the deceased from 2-24-53, 1953, to 3-25-53, 1953, that I last saw the deceased at VA, and that death occurred at 10:10A m., from the causes and on the date stated above.

23a. SIGNATURE <u>E. J. Jewczyk</u> (Degree or title) <u>M. D.</u>	23b. ADDRESS <u>VA HOSP. JEFF. BKS, MO.</u>	23c. DATE SIGNED <u>3-25-53</u>
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24a. BURIAL / CREMATION / REMOVAL (Specify) <u>REMOVAL</u>	24b. DATE <u>3-26-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MILLSTADT</u>	24d. LOCATION (City, town, or county) (State) <u>ILL</u>
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DATE REC'D BY LOCAL REG. <u>3-27-53</u>	REGISTRAR'S SIGNATURE <u>Hackett R. Dambach-M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Strasser Funeral Home</u>	ADDRESS <u>Millstadd Ill</u>
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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 Frank Prohoff

Licensed Embalmer No. 4356

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.