

STANDARD CERTIFICATE OF DEATH

State File No. **33552**  
REGISTRAR'S No. **9239**

**67428**  
FILED OCT 15 1953

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
b. CITY (If outside corporate limits, write RURAL and give township) <b>St Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>St Louis</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>5970 Minerva</b>		d. STREET ADDRESS (If rural, give location) <b>5970 Minerva</b>	
3. NAME OF DECEASED a. (First) <b>Brenda</b>		b. (Middle) <b>Marie</b>	
c. (Last) <b>Koenig</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Sept 24-1953</b>	
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>		8. DATE OF BIRTH <b>8-10-1953</b>	
9. AGE (In years last birthday) <b>1</b>		10. IF UNDER 1 YEAR Months <b>1</b> Days <b>14</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and State or Foreign Country) <b>Richmond Heights, Mo</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Willis Koenig</b>		13b. MOTHER'S MAIDEN NAME <b>Leliana Zahner</b>	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	
16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Willis Koenig, 5970 Minerva</b>	
17. ADDRESS		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <b>Asphyxiation, when child was found face down in bed clothes, in bassinette on Sept 24 1953</b>		MEDICAL CERTIFICATION INTERNAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>DUETO (b) about 10:00 am</b>		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>Accident</b>	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT (Specify) <b>Accident</b>	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) <b>Home</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>St Louis Mo</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>Sept 24 53 10:00</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR <b>E9240</b>		22. I hereby certify that I attended the deceased from <b>19</b> to <b>19</b> , that I last saw the deceased alive on <b>19</b> , and that death occurred at <b>10:30 PM.</b> , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <b>Carl Smith M.D.</b>		23b. ADDRESS <b>1300 Clark</b>	
23c. DATE SIGNED <b>9/25/53</b>		24a. BURIAL, CREMATION, OR REMOVAL (Specify) <b>Removal</b>	
24b. DATE <b>9-25-1953</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Mt Hope Cemetery</b>	
24d. LOCATION (City, town, or county) (State) <b>Perryville, Mo. (Motor)</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Carl Smith M.D. Kraeger - Fenwick</b>	
25. ADDRESS <b>3402 N. Kingsley Hwy</b>		DATE REC'D BY LOCAL REG. <b>SEP 25 1953</b>	

**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 Thomas R. Fenwick

Licensed Embalmer No. 3793

P. O. Address 3402 N. Kungshjok

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.