No. 300
10.48

FILED OCT 25 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35361

State File No.

BIRTH NO. REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541 Registrar's No. 2367

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

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St. Louis,
c. CITY OR TOWN: Hathaway Meadows 4010
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
STREET ADDRESS (If rural, give location): 9830 Lanier Dr.

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

4. DATE OF DEATH (Month) (Day) (Year): Oct. 14, 1955

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Aug. 9, 1927
9. AGE (In years last birthday): 28 — If under 1 year: Months / Days / Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Public Relations Man
10b. KIND OF BUSINESS OR INDUSTRY: Unk.
11. BIRTHPLACE (City and State or Foreign Country): Granite City, Illinois
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Victor Koenig
13b. MOTHER'S MAIDEN NAME: Dorothy McClusky
14. NAME OF HUSBAND/OR WIFE: Peggy Koenig

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): W. W. #2
16. SOCIAL SECURITY NO.: Unk.
17. INFORMANT'S SIGNATURE OR NAME: Peggy Koenig, 9830 Lanier Dr. ADDRESS: St. Louis, County, Mo.

18. CAUSE OF DEATH — MEDICAL CERTIFICATION
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.

1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: 1 hr.

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. 4201

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 437
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): None
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): None m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct 12, 1953, *to* Oct 14, 1955, *that I last saw the deceased alive on* Sept 30, 1955, *and that death occurred at* 10:01 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Herbert C. Wiegand, M.D.
23b. ADDRESS: 3720 Washington Blvd
23c. DATE SIGNED: Oct 14, 1955

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 10-14-55
24c. NAME OF CEMETERY OR CREMATORY: Local
24d. LOCATION (City, town, or county) (State): Alton, Illnois

DATE REC'D BY LOCAL REG.: 10-14-55
REGISTRAR'S SIGNATURE: Herbert R. Donda M.D.
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Albert H. Hoppe 4700 Washington.

5.6 (Licensed Embalmer's Statement on Reverse Side)

3

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 embal

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Robert M Murray

Licensed Embalmer No. 3749

P. O. Address St Louis S

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fail to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.