

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **1371**

1. PLACE OF DEATH
a. COUNTY **Missouri**
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN **St. Louis**
c. LENGTH OF STAY (in this place) **9Y 11M 15D**
d. FULL NAME OF HOSPITAL OR INSTITUTION **Chronic Hospital**

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).
a. STATE **Missouri**
b. COUNTY **St. Louis**
c. CITY OR TOWN **Jennings**
d. Is Residence within limits of a city or incorporated town? Yes No
• STREET ADDRESS (If rural, give location) **2068 Coleridge**

3. NAME OF DECEASED
a. (First) **Stella** b. (Middle) **Louise** c. (Last) **Koenig**
4. DATE OF DEATH (Month) (Day) (Year) **2 5 1956**

5. SEX **Female** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Widow** 8. DATE OF BIRTH **11/23/1866** 9. AGE (In years last birthday) **89** IF UNDER 1 YEAR Months **89** IF UNDER 24 HRS. Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Housework** 10b. KIND OF BUSINESS OR INDUSTRY _____ 11. BIRTHPLACE (City and State or Foreign Country) **St. Louis, Missouri** 12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **George Hollweg** 13b. MOTHER'S MAIDEN NAME **Philomena Unknown** 14. NAME OF HUSBAND OR WIFE **Late Franklin O. Koenig**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **No** 16. SOCIAL SECURITY NO. **None** 17. INFORMANT'S SIGNATURE OR NAME ADDRESS **Chronic Hospital, 5600 Arsenal**

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.

I. DISEASE OR CONDITION# DIRECTLY LEADING TO DEATH# (a) **Generalized arterio sclerosis -**
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. **Latent Diabetes**
Latent Diabetes -

INTERVAL BETWEEN ONSET AND DEATH **years**
years

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION **450.0** 19c. AUTOPSY? YES NO

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 NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from **2/20/56**, 19 **2/5** **2/5**, 1956, that I last saw the deceased alive on **2/5**, 19 **56** and that death occurred at **2:00 P.M.** from the causes and on the date stated above.

23a. SIGNATURE **George Esker** (Degree or title) _____ 23b. ADDRESS **5600 Arsenal** 23c. DATE SIGNED **3/6/56**

24a. BURIAL, CREMATION REMOVAL (Specify) **Burial** 24b. DATE **Feb. 9, 1956** 24c. NAME OF CEMETERY OR CREMATORY **Bellefontaine Cem.** 24d. LOCATION (City, town, or county) (State) **St. Louis, Mo.**

DATE REC'D BY LOCAL REG. **FEB 8 1956** REGISTRAR'S SIGNATURE **J. Carl Smith** 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **Kriegshauser 4228 S. Kingshighway Bl.**

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 Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *William R. White*

Licensed Embalmer No. *429*

P. O. Address *228 S. Kangas*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.