

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-042100

FILED VS DEC 7 1959

210762

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

JAN 3 8 1960

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, give TOWNSHIP only) OR TOWN St. Louis, Mo.		Length of stay in 1b	c. CITY OR TOWN St. Louis
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 4810a Milentz		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 4810a Milentz
			Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last Edwin G. Koenig			4. DATE OF DEATH Month Day Year Nov. 20, 1959			
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5. SEX male	6. COLOR OR RACE white	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Nov. 10, 1905	9. AGE (last birthday) 54	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Traffic rep. for E. Mac Truck Lines	10b. KIND OF BUSINESS OR INDUSTRY Truck Lines	11. BIRTHPLACE (City and state or country) St. Louis, Mo.	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME John B. Koenig	13b. MOTHER'S MAIDEN NAME Agnes Overberg	14. NAME OF HUSBAND OR WIFE Catherine Koenig
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. none	17. INFORMANT Catherine Koenig	Address 4810a Milentz
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Bronchogenic Carcinoma</u>		INTERVAL BETWEEN ONSET AND DEATH 9 mo.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>162.1</u>	
DUE TO (c)		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>none</u>	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) f
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20c. TIME OF INJURY Hour a.m. p.m.	Month, Day, Year
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20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
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21. I attended the deceased from 5/1/58 to 11/14/59 and last saw ^{her} him alive on 11/14/59
Death occurred at 3 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>John D. Rebeck M.D.</u>	22b. ADDRESS <u>2301 So. Kingshighway, St. Louis</u>	22c. DATE SIGNED <u>11/20/59</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) removal	23b. DATE 11-23-59	23c. NAME OF CEMETERY OR CREMATORY Mt. Olive Cem.	23d. LOCATION (City, town, or county) Lemay 23, Mo.
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24. FUNERAL DIRECTOR Southern Funeral Home 6322 S. Grand, St. Louis, Mo.	25. DATE RECD. BY LOCAL REG. NOV 21 1959	26. REGISTRAR'S SIGNATURE <u>Coal Smith, M.D.</u>
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

77

Dr. John Reineck
Kingshighway at Southwest
1 to 4 p.m. today

4906 Southwest

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by *Snodgrass* Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *Louis Thomas Stassen*

Licensed Embalmer No. 4242

P. O. Address St Louis 80

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.