

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-019351

STATE FILE NUMBER

Registration District No. 162 Primary Registration District No. 5594 Registrar's No. 73

FILED JUN 13 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

10500
20371

3

4 0

5 2

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7 0

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94200

10

11

12 96-0

13 2-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY JEFFERSON

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MO. b. COUNTY _____
c. CITY OR TOWN HERMANN Inside Limits Yes No
d. STREET ADDRESS (If outside, give location) _____ Reside on Farm Yes No

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN RURAL MERAMEC Length of stay in 1b 3 yrs 4 mo 27 days

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. JOSEPH'S HILL INFIRMARY Inside Limits Yes No

3. NAME OF DECEASED First Middle Last 4. DATE OF DEATH Month Day Year
WILLIAM HENRY KOENIG MAY 31 1962

5. SEX M 6. COLOR OR RACE W 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 11-30-1886 9. AGE (last birthday) 75 IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED 10b. KIND OF BUSINESS OR INDUSTRY FARMER 11. BIRTHPLACE (City and state or country) RHINELAND, MO 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME BERNARD KOENIG 13b. MOTHER'S MAIDEN NAME ELIZABETH POTTERBAUM 14. NAME OF HUSBAND OR WIFE _____

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No 16. SOCIAL SECURITY NO. _____ 17. INFORMANT BROTHER LEONARD ST. JOSEPH'S HILL INFIRMARY Address BEREA, MO.

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Acute congestive heart failure 2 hrs
DUE TO (b) Extensive coronary artery disease
DUE TO (c) heart disease

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

INTERVAL BETWEEN ONSET AND DEATH 2

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Generalized arteriosclerosis

PART III. If deceased was female was there a pregnancy in last 90 days. Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART-I or PART II of item 18.) _____

20c. TIME OF INJURY Hour _____ s.m. _____ p.m. _____ Month, Day, Year _____

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ 20f. CITY, TOWN, OR LOCATION _____ COUNTY _____ STATE _____

21. I attended the deceased from 5/30/62 to 5/31/62 and last saw him alive on 5/30/62
Death occurred on 10:35 AM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE [Signature] (Degree or title) MD 22b. ADDRESS Pacific 2 No 22c. DATE SIGNED 5/31/62

23a. BURIAL, CREMATION, OR REMOVAL (Specify) Burial 23b. DATE 6/4/62 23c. NAME OF CEMETERY OR CREMATORY St. Martin's Care 23d. LOCATION (City, town, or county) Starkenburg Mo. (State)

24. FUNERAL DIRECTOR D.B. Baker New Orleans La ADDRESS _____ 25. DATE RECD. BY LOCAL REG. 6-3-62 26. REGISTRAR'S SIGNATURE Robert F Bauer

USE BLACK INK OR TYPEWRITER RIBBON

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 D B Baker

Licensed Embalmer No. 3375

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