

REC'D JUN 9 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

16780

Do not use this space.

791

1008

Registered No. 4641

1. PLACE OF DEATH

(a) County.....

(b) Township.....

(c) City St. Louis

(e) Length of residence in city or town where death occurred

Registration District No.....

Primary Registration District No.....

(d) Street No. Lutheran Hospital

(If death occurred in Hospital or Institution, write its name instead of street and number)

(f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Charles Fred Koenig(a) Residence, No. 2907a Magnolia Ave. St. 17

(Usual place of abode, if no street address, write county or city)

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Della Koenig6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 11th. 1867.7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
71 4 8OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired (15 yrs)
9. Industry or business in which work was done, as saw mill, bank, etc. Brick Contractor
10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.FATHER 13. NAME Frederick Koenig14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GermanyMOTHER 15. MAIDEN NAME Unknown16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany17. INFORMANT Oliver W. Koenig
(ADDRESS) 3004 Magnolia Ave.

18. BURIAL, CREMATION, OR REMOVAL

PLACE New St. Marcus DATE May, 23rd. 193819. FUNERAL DIRECTOR (NAME) Wacker-Helderle
(ADDRESS) 2331 S. Broadway20. FILED MAY 21 1938J. B. Buelck
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May, 19th. 1938

22. I HEREBY CERTIFY, That I attended deceased from

May 1, 1938, to May 19, 1938I last saw him alive on May 19, 1938. Death is saidto have occurred on the date stated above, at 6.20 P.M.

The principal cause of death and related causes of importance were as follows:

1) Post-operative shock Date of onset May 19
2) Cholecystitis & gallstones
and cholelithiasis

Other contributory causes of importance:

Name of operation Cholecystectomy Date of May 18

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?.....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify.....

(Signed) Robert S. Nye, M. D.(Address) 2931 Spruce Ave