MAR 28 1927

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

5937

1. PLACE OF DEATH
County St. Louis — Registration District No. 789 — File No.
Township Cordell — Primary Registration District No. 6033 B. — Registered No. 57
City ~~St. Louis Co.~~ (No. 3718 Jennings Rd. St. Ward)

2. FULL NAME John L. Kohler
(a) Residence. No. 3717 Ridgedale St., Ward. (If nonresident give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Agnes McGahn Kohler

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Feb 6 - 1857

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
70	—	19	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Elevator Operator
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9. BIRTHPLACE (CITY OR TOWN): St Louis
(STATE OR COUNTRY): Mo

PARENTS
10. NAME OF FATHER: Dont Know
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Dont Know
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER: Dont Know
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Dont Know
(STATE OR COUNTRY)

14. INFORMANT: Edwin Kohler
(Address) 3617 Ridgedale Ave

15. FILED 2/26 1927 Tolla Bracy M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Feb. 25 1927

17. I HEREBY CERTIFY, That I attended deceased from Jan. 22, 1927, to Feb. 25, 1927, that I last saw him alive on Feb. 25, 1927, and that death occurred, on the date stated above, at 5:20 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Interstitial nephritis
Infantile Paralysis, Chronic Arthritis
Deformans, Bladder Calculi.
(duration) ? yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Uremia, Block Heart, General Anasarca - Convulsions (duration) yrs. 1 mos. 3 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? 3717 Ridgedale
DID AN OPERATION PRECEDE DEATH? No. DATE OF none
WAS THERE AN AUTOPSY? No.
WHAT TEST CONFIRMED DIAGNOSIS? Clinical + Lab.
(Signed) Luke B. Tiernon, M.D.
Feb. 25, 1927 (Address) 3718 Jennings Rd. St. Louis Co. Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Calvary Cem
DATE OF BURIAL: Feb 28 1927

20. UNDERTAKER: Thos J Finan
ADDRESS: 1519 S Grand

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms; so that it may be properly classified. Exact statement of OCCUPATION is very important.