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

Do not use this space.

26027

**1. PLACE OF DEATH**

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 7650

City St Louis (No. 6005 Wanda Ave St. ..... Ward)

**2. FULL NAME** Pauline Kobermann

(a) Residence. No. 6005 Wanda Av St., 2 Ward. .....
(Usual place of abode) (If nonresident give city or town and State)

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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: William

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Aug 20 1895

7. AGE: Years 32 | Months 0 | Days 5 | If LESS than 1 day, ..... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: At Home
(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): Missouri

PARENTS

10. NAME OF FATHER: John Cogan
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY): Ireland
12. MAIDEN NAME OF MOTHER: Pauline Cobian
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY): Germany

14. INFORMANT: William Kobermann
(Address): 6005 Wanda

15. FILED AUG 28 1927, 19..... Max C Starkloff, REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

2

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

17. I HEREBY CERTIFY, That I attended deceased from Sept. 6, 1926, to Aug. 25, 1927, that I last saw her alive on Aug 25, 1927, and that death occurred, on the date stated above, at 3 15 p m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

23H
25

Chr. Pulmonary Tuberculosis
(duration) not known yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Tuberculous Enteritis
(duration) not known yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? not known
DID AN OPERATION PRECEDE DEATH? no. DATE OF —
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Sputum

(Signed) Lawrence Schlenker, M. D.
8/26, 1927 (Address) 3515 S. Grand Bl., St. Louis 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: S. S. Peter & Paul
DATE OF BURIAL: Aug 29 1927

20. UNDERTAKER: C Hoffmeister U & Co
ADDRESS: 7814 S. Broadway

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.

...ADING INK—THIS IS A PERMANENT RECORD