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

Do not use this space.

39092

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis, (No. Home for the Aged St. ..... Ward)

File No. .....

Registered No. 79

2. FULL NAME Barbara Kohlbacher.

(a) Residence. No. 3400 S. Grand Blvd. St., 16 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Female	White	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dont know

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
About 90	--	--	

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) .....
(STATE OR COUNTRY) Maryland

PARENTS

10. NAME OF FATHER John Kohlbacher

11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER Margaret Heil

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Germany

14. INFORMANT Prescott Rogers
(Address) 2117 Arsenal St.

15. FILED JAN -3 1928 19 May C Starkloff
REGISTRAR

MEDICAL CERTIFICATE OF DEATH 2 12/30

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12-30-1927

17. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1927 to Dec 30, 1927, that I last saw her alive on Dec 30, 1927, and that death occurred, on the date stated above, at 4 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: 4PM

107-A Bronchial Pneumonia

(duration) ..... yrs. ..... mos. 27 ds.

CONTRIBUTORY (SECONDARY) Arthur Schlesser

(duration) ..... yrs. ..... mos. 27 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 8 1000

DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) T. Sarcia, M. D

Jan 31, 1927 (Address) 3165 S. Grand

*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	DATE OF BURIAL
SS. Peter&paul Cemetery	Jan. 3 1928

20. UNDERTAKER	ADDRESS
J H Gibbons L and H. Co	2842 Meramec

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.