

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

Do not use this space.

1. PLACE OF DEATH

County.....

Registration District No. **791**
1003

File No. **14981**

Township.....

Primary Registration District No.

Registered No. **3893**

City **St. Louis Mo.**

(No. **St. Louis Children Hosp. 600**)

St. Humphrey Inf Ward

2. FULL NAME

Frank Koelcher
2833 Easton St. 21 Inf Ward.

(a) Residence. No.
(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred

yrs. mos. da.

How long in U.S., if of foreign birth?

yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **March 8 - 1928**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. **0 0 29**

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work **None**
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

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

10. NAME OF FATHER **Geo. C Koelcher**

11. BIRTHPLACE OF FATHER (CITY OR TOWN) **St. Louis Mo.**
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER **Cora C Hackett**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) **St. Louis Mo.**
(STATE OR COUNTRY)

14. INFORMANT **M Koelcher**
(Address) **500 S. Humphrey**

15. FILED **1928** **Mar 10 1928** **Mar C Staley**
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **4/7 1928**

17. I HEREBY CERTIFY, That I attended deceased from **3-8-28**, 19**28**, to **4-7-28**, 19**28** that I last saw him alive on **4-7-28**, and that death occurred, on the date stated above, at **7 P.M.**

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Prematurity
1571/61W (duration) yrs. mos. **31** da.

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED **Home**
IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? **no** DATE OF

WAS THERE AN AUTOPSY? **no**

WHAT TEST CONFIRMED DIAGNOSIS? **Russell A. Bredy, M.D.**
4/7 (Signed) **St. L. Childrens Hosp.** (Address)

*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 **Valhalla Cemetery** DATE OF BURIAL **April 9 1928**

20. UNDERTAKER **Arthur J Donnelly** ADDRESS **2039 Wash St**

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

