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.

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

Do not use this space.

43230

1. PLACE OF DEATH

County ..... Registration District No. 791 1003 File No. .....

Township ..... Primary Registration District No. ..... Registered No. 12536

City St. Louis, Mo (No. 5600 Arsenal St. 24th Ward)

2. FULL NAME JOSEPH KOEBBE (KOEBBE)

(a) Residence. No. 2156 Clifton St., 21 Ward. (Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 10 mos. 21 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): Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 2-7-'28

7. AGE: Years 0 | Months 10 | Days 14 | If LESS than 1 day, ... hrs. or ..... min.

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) Not Given (STATE OR COUNTRY) St Louis Mo

PARENTS
10. NAME OF FATHER George Koebbe
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ? (STATE OR COUNTRY) East St Louis, Ills
12. MAIDEN NAME OF MOTHER Harriet McGhee
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ? (STATE OR COUNTRY) Missouri

14. INFORMANT George Koebbe (Address) 2156 Clifton Av

15. FILED DEC 23 1928 19.. Max C Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH 3

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 21 1928

17. I HEREBY CERTIFY, That I attended deceased from Dec-12, 1928, to Dec 21, 1928 that I last saw him alive on Dec 21, 1928, and that death occurred, on the date stated above, at 7:45 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

(1) Pertussis 9 1078 (Duration Not known)
(2) Bronchopneumonia 898 (duration) 12 days Secondary ds.
(3) CONTRIBUTORY (SECONDARY) Otitis Media acute (duration) 2 days yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 2156 Clifton
DID AN OPERATION PRECEDE DEATH? No DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) George H. Garrison M. D
12/22, 1928 (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: S. S. Peter and Paul Cemetery
DATE OF BURIAL: Dec 24 1928

20. UNDERTAKER: J H Gibbons Land Co
ADDRESS: 2842 Meramec