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

Do not use this space.

22745

File No. 6154

Registered No.

1. PLACE OF DEATH

County

Township

City St Louis (No. Deaconess Hospt. St. Ward)

Registration District No. 791

Primary Registration District No. 1003

2. FULL NAME Joseph Franklin (Kober) Kober

(a) Residence. No. 7047 Horner St., Ward. St. Louis Co. Mo.
(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)
Male	White	Divorced

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 14 - 1871

7. AGE 57 YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
57	7	21	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Salesman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Butler Bros.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill

PARENTS

10. NAME OF FATHER Christopher Kober

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

12. MAIDEN NAME OF MOTHER Catherine Loock

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

14. INFORMANT C. A. Kober
(Address) 7047 Horner

15. FILED ....., 19.. Max C. Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 5th 1929

17. I HEREBY CERTIFY, That I attended deceased from April 1st, 1929 to June 5th, 1929 that I last saw him alive on June 5th, 1929, and that death occurred, on the date stated above, at 3 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Uraemia due to Cystic degeneration of Kidneys Benign (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Arterial Sclerosis (duration) 1 yrs. — mos. — ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? yes.

WHAT TEST CONFIRMED DIAGNOSIS? Urine & Blood Pressure

(Signed) P. J. Heuer, M. D.

6/6. 1929 (Address) Mo Bldg.

*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
Valhalla Cem	June 6 1929

20. UNDERTAKER	ADDRESS
Fred M. Williams 4617	Delmar

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.

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De P. J. Heuer