

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

Do not use this space.

25680

1. PLACE OF DEATH

County St. Louis Registration District No. 785 File No. _____
 Township Bonhomme Primary Registration District No. 6031 Registered No. 139
 City _____ (No. Clayton, Rd. West of Ballas, Rd. St. _____ Ward)

2. FULL NAME Herman. Koewing.

(a) Residence Clayton, W. of Ballas, Rd. St. Ward. _____ (If nonresident, give city or town and State)
 (Usual place of abode)

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 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
 XXXXXXXXXXXXXXXXXXXXXXX

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May, 16 - 1863

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
66 2 15

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer
 (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) Germany,

10. NAME OF FATHER Louis. Koewing

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

12. MAIDEN NAME OF MOTHER Louise. Schoppe.

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

14. INFORMANT Hy. F. Koewing.
 (Address) Kirkwood. Mo.

15. FILED 8/10, 1929 C. E. Barnett M.D.
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July, 25, 1929

17. I HEREBY CERTIFY, That I attended deceased from July 17, 1929 to July 25, 1929
 that I last saw him alive on July 24, 1929, and that death occurred, on the date stated above, at 7:16 A.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Note's stenosis (duration) _____ yrs. _____ mos. 18 ds.

CONTRIBUTORY (SECONDARY) Acute Nephritis (duration) _____ yrs. _____ mos. 3 ds.

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

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
 WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS?
Medical
H. P. Meador M. D.
7-27, 1929 (Address) Clayton 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 Zion's. Cemetery DATE OF BURIAL July, 28 1929

20. UNDERTAKER Louis. H. Bopp. ADDRESS Kirkwood.

WHITE PAPER, 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.

28-1929
96

Mo. Wood.

