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

Do not use this space.

38587

1. PLACE OF DEATH

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

Township ..... Primary Registration District No. ..... Registered No. 10985

City ..... (No. 752 Dover St. ..... Ward)

2. FULL NAME Louis S. Kohlbry

(a) Residence. No. 752 Dover St., 1 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)
Male	White	Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 26, 1860

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	69	3	13	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Bank Cashier

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

(c) Name of employer

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

PARENTS

10. NAME OF FATHER Karl Kohlbry

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Robert L. Kohlbry
(Address) 752 Dover

15. FILED NOV 11 1929 Max C. Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 9 1929

17. I HEREBY CERTIFY, That I attended deceased from October 21, 1929, to November 9, 1929 that I last saw him alive on November 9, 1929, and that death occurred, on the date stated above, at 7:30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Broncho-Pneumonia
107A
89B
100 [illegible]
(duration) ..... yrs. ..... mos. 14 ds.

CONTRIBUTORY (SECONDARY) Parkinson's Disease
(duration) 6 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? no.

WHAT TEST CONFIRMED DIAGNOSIS? Physical Signs

(Signed) Fred S. Parrings M. D.

, 19 (Address) 1122 Wilmington St. Louis 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 Bellafontaine Cem.

DATE OF BURIAL Nov. 12 1929

20. UNDERTAKER Haucht Schmitt

ADDRESS 3732 S. Grand Blv.

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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1122 Wilmington
Rm 0033