

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

Do not use this space.

38790

**1. PLACE OF DEATH**

County..... Registration District No. 897  
 Township..... Primary Registration District No. 7002  
 City St. Louis (No. 4475 San Francisco) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. 11209

**2. FULL NAME**

Laura Koehler  
 (a) Residence, No. 4475 San Francisco St., 10 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 <u>Female</u>		4. COLOR OR RACE <u>White</u>		5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Widow</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Barnard Koehler</u>					
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>May 27, 1846</u>					
7. AGE		YEARS <u>83</u>	MONTHS <u>5</u>	DAYS <u>20</u>	IF LESS than 1 day, .....hrs. or .....min.
8. OCCUPATION OF DECEASED					
(a) Trade, profession, or particular kind of work <u>at home</u>					
(b) General nature of industry, business, or establishment in which employed (or employer) _____					
(c) Name of employer <u>none</u>					
9. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) <u>Germany</u>					
10. NAME OF FATHER <u>not known</u>					
11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____ (STATE OR COUNTRY) <u>not known</u>					
12. MAIDEN NAME OF MOTHER <u>not known</u>					
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____ (STATE OR COUNTRY) <u>not known</u>					

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 17 1929

17. I HEREBY CERTIFY, That I attended deceased from Oct 1 1929, to Nov 17 1929 that I last saw her alive on Nov 17 1929, and that death occurred, on the date stated above, at 8 9 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

92% chronic major atherosclerosis  
 (duration) yrs. 1 mos. 17 ds.

CONTRIBUTORY (SECONDARY) 90B  
 (duration) 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?  
 (Signed) Joseph Hill, M. D.  
Nov 18 1929 (Address) 3636 Hubert

\*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 <u>Columbia, Ill</u>	DATE OF BURIAL <u>Nov. 19 1929</u>
20. UNDERTAKER <u>Action L &amp; P Co. 2707 N Grand</u>	ADDRESS

14. INFORMANT Frank Bymaster  
 (Address) 4475 San Francisco

15. FILED Nov 18 1929 W. E. Starling  
 REGISTRAR

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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