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

Do not use this space.

6366

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis Mo. (No. 3833 Parnell St? St. ..... Ward)

File No. .....

Registered No. 1133

2. FULL NAME Fred. H. Koelker.

(a) Residence. No. 3833 Parnell St. St., 20 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male.	White.	Married.

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 12/18/1872.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	57	1	13	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Fireman.

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Forestel.
(STATE OR COUNTRY) Missouri.

PARENTS

10. NAME OF FATHER Fred Koelker.

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

12. MAIDEN NAME OF MOTHER Mary Moun.

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

14. INFORMANT Mary Koelker
(Address) 3833 Parnell St.

15. FILED [illegible] 19 [illegible] REGISTRAR

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MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2/1/30 19

17. I HEREBY CERTIFY, That I attended deceased from Dec. 15th, 1929, to Jan 30th, 1930 that I last saw him alive on Jan 30th, 1930, and that death occurred, on the date stated above, at 9- A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Nephritis
131
133C

(duration) 1 yrs. 6 mos. ds.

CONTRIBUTORY (SECONDARY) Hematuria

(duration) yrs. 2 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) John C. Lebrecht, M. D.

2-3-, 1930 (Address) 3116 S. Grand

*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 Friedens Cemetery.

DATE OF BURIAL 2/4/30 19

20. UNDERTAKER Provost Und'k Co

ADDRESS 3710 N. Grand Blvd

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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