

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

Do not use this space.

11155

**1. PLACE OF DEATH**

County..... Registration District No. 791  
 Township..... Primary Registration District No. 1003  
 City St. Louis Mo (No. 1923 Montgomery St St. .... Ward)

File No. ....  
 Registered No. 3192

**2. FULL NAME** Emil Henry Koglin

(a) Residence. No. 1923 Montgomery St St., 26 Ward. (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

**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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 19 1878

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
51 8 11

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Clerk  
 (b) General nature of industry, business, or establishment in which employed (or employer) Shoe  
 (c) Name of employer Roberts Johnson Rand

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

10. NAME OF FATHER Henry Koglin

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

12. MAIDEN NAME OF MOTHER Johanne Timm

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

14. INFORMANT Henry Koglin  
 (Address) 19213 Montgomery

15. FILED APR 31 1930 May C. Starker REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 30 1930 19

17. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19..... that I last saw h. .... alive on ..... 19..... and that death occurred, on the date stated above, at ..... m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Chronic Myocarditis  
930

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

8 DID AN OPERATION PRECEDE DEATH? DATE OF .....

WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) J. W. Jones M. D.

3/31/30 (Address) St. Louis

\*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 New Bethlehem DATE OF BURIAL April 2 1930

20. UNDERTAKER Ther. H. Reiderwider ADDRESS St. Louis

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.

10 753

