

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

Do not use this space.

16123

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City **St Louis Mo** (No. **849**, **McLaren av**) St. Ward)

File No.
Registered No. **4600**
St. Ward)

2. FULL NAME

Mary Koeltge
(a) Residence. No. **849 McLaren St.** Ward. **8**
(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 **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) **Widowed**

5A. IF MARRIED, WIDOWED, OR DIVORCED (OR) HUSBAND OF (OR) WIFE OF **late Herman Koeltge**

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Apr 26th 1846**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
84 11 18

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work **Housework**
(b) General nature of industry, business, or establishment in which employed (or employer) **235**
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) **Germany**

PARENTS

10. NAME OF FATHER **Not Known**

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

12. MAIDEN NAME OF MOTHER **Not Known**

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

14.

INFORMANT **Frank Koeltge**
(Address) **6814 Franklin av**

15.

FILED **19** REGISTRAR **W. C. [Signature]**

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **April 17 1931**

17. I HEREBY CERTIFY, That I attended deceased from **4/14/31** 19... to **4/14/31** 19... that I last saw her alive on **4/14/31** 19... and that death occurred, on the date stated above, at **2:12 P.M.**

THE CAUSE OF DEATH* WAS AS FOLLOWS:

**Bronchitis acuta nonne
Tubercular
106A
97** (duration) yrs. mos. ds. **4**

CONTRIBUTORY (SECONDARY) **arteriosclerosis** (duration) **4** yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

19. DID AN OPERATION PRECEDE DEATH? DATE OF

20. WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) **H. H. Chopin** M. D.

4/15 1931 (Address) **8321 72nd Body**

*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

DATE OF BURIAL

New Pickers. Cem. **Apr 17 1931**

20. UNDERTAKER

ADDRESS

Hy. Leidner. Und. Co. **1417 N. Mutt St.**

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.

