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

Do not use this space. 19727

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 5708

City St Louis (No. Lutheran Hospital St. ..... Ward)

2. FULL NAME Herman C. G. Koehler Jr.

(a) Residence. No. 8909 S. Broadway St., 1 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	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 12, 1907

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	23	6	5	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Bottler
(b) General nature of industry, business, or establishment in which employed (or employer) Milk
(c) Name of employer Pevely Dairy Co.

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

PARENTS

10. NAME OF FATHER Herman H. Koehler
11. BIRTHPLACE OF FATHER (CITY OR TOWN) St Louis
(STATE OR COUNTRY) Mo.
12. MAIDEN NAME OF MOTHER Dorothy Kottlkamp
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St Louis
(STATE OR COUNTRY) Mo.

14. INFORMANT Herman Koehler Jr.
(Address) 8909 S. Broadway

15. FILED ..... 19 Max C. Tarvel REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from 5/21, 1931, to 5/17, 1931, that I last saw him alive on 5/17, 1931, and that death occurred, on the date stated above, at 9.30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Lobar pneumonia (Terminal) (duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (SECONDARY) Septic Sore Throat (duration) ..... yrs. ..... mos. 16 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 108

DID AN OPERATION PRECEDE DEATH? No DATE OF .....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Physical Exam

(Signed) H. Hoffmeister M. D.

5/18, 1931 (Address) 3958 S. Broad Bl.

*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
St Trinity Lutheran Cem	5/20 1931
20. UNDERTAKER	ADDRESS
C. Hoffmeister N & L Co	7814 S. Broadway

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.

1 = P.M.