WHITE 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.

25 19

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

Do not use this space.

29341

1. PLACE OF DEATH

County St. Louis, Mo. Registration District No. 1123 File No.

Township CARONDELET Primary Registration District No. 6248 R. Registered No. 303

City Jefferson Barracks, Mo. (No. U.S. VETERANS HOSPITAL St. Ward)

2. FULL NAME KOEHR, Fred W.

(a) Residence, No. 4398 Olive Str., St. Louis, Mo. Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred Un yrs. kn mos. own ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Jane Koehr

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) February 8, 1890

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
41	41	6	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Auditing Clerk
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Railroad
10. Date deceased last worked at this occupation (month and year) Abt. 1½ yrs. ago.
11. Total time (years) spent in this occupation Unk.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Missouri.

FATHER

13. NAME L. C. Koehr,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Missouri.

MOTHER

15. MAIDEN NAME Nellie Freeman,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Missouri.

17. INFORMANT (ADDRESS) C. H. SMITH, M.D., Clinical Director, USVHosp. Jefferson Brks., Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Valhalla Cemetery DATE Aug 15 1931

19. UNDERTAKER (ADDRESS) Provost Und Co. 3710 N. Grand ave

20. FILED Aug. 13 1931 L. C. Obrock Registrar.

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 12, 1931

22. I HEREBY CERTIFY, That I attended deceased from July 24, 1931 to August 12, 1931

I last saw him alive on August 12, 1931 Death is said to have occurred on the date stated above, at 4:10 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia, lobar	Unk.
108	
123B	
108	
123B	
Other contributory causes of importance:	
Intestinal Obstruction	Unk.

Name of operation Enterotomy Date of 7-25-31

What test confirmed diagnosis? Physical and X-ray findings Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. C. GIBSON, M.D. Clinical Officer In Chg, M.D.

(Address) USVHosp. Jefferson Brks., Mo.