

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

Do not use this space.
29930

1. PLACE OF DEATH

County Registration District No. **701**
Township Primary Registration District No. **1000**
City **St. Louis, Mo.** (No.) St. Ward)

File No.
Registered No. **8983**

2. FULL NAME

(a) Residence, No. **706 Allen Ave.** St. **23** Ward. (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 **Male** | 4. COLOR OR RACE **White** | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED- (write the word) **Widower**
5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF **Christina Kayser**
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **July 12th 1864**
7. AGE YEARS **67** MONTHS **1** DAYS **9** If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **LABORER**
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **Overseer Motor Co.**
10. Date deceased last worked at this occupation (month and year) **Don't know** 11. Total time (years) spent in this occupation **Don't know**

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

13. NAME **Philip Koelsch**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown Germany**

15. MAIDEN NAME **Katherine Bedenbender**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown Germany**

17. INFORMANT (ADDRESS) **Anna Hornbusch 706 Allen Ave.**

18. BURIAL (CREATION) OR REMOVAL PLACE **S. S. Keller & Son** DATE **Aug 24th 1931**

19. UNDERTAKER (ADDRESS) **Wm. J. Robert & Co. 1905 Grand Blvd.**

20. FILED **22** 19**31** **Wm. C. Tander** Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **August 21, 1931**
22. I HEREBY CERTIFY, That I attended deceased from **July 1, 1931** to **Aug 21, 1931**, I last saw him alive on **Aug 20, 1931**. Death is said to have occurred on the date stated above, at **4 P.** m.
The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis (cannot state)
93C
1145
Other contributory causes of importance:
Adhesions of Right Lung from suppurative cause of pleurisy July 1-23

Name of operation Date of
What test confirmed diagnosis? **Clinical** 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? **No.**
If so, specify
(Signed) **Albat Habermas**, M. D.
(Address) **3817 Chestland Ave.**

WRITE 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.

