

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

Do not use this space.

36081

1. PLACE OF DEATH

County Registration District No. **791**
Township Primary Registration District No. **1005**
City **St Louis Mo** (No. **1005**) **DePaul Hospital** St. **10602** (Ward)

2. FULL NAME

(a) Residence, No. **3518 Humphrey St.** **16** Ward.
(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 **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 **Louise Koeller**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **May 21st 1875**

7. AGE	YEARS	MONTHS	DAY	IF LESS than 1 day, hrs. or min.
	56.	4	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Foreman**

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **Guano Electric Under ground**

10. Date deceased last worked at this occupation (month and year) **Aug 22nd 1931** 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

MOTHER FATHER

13. NAME **Unknown Koeller**

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

15. MAIDEN NAME **Blank Knorr**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **" "**

17. INFORMANT **Mrs Louise Koeller**
(ADDRESS) **3518 Humphrey**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Sanctuary** DATE **Oct 20th 1931**

19. UNDERTAKER (ADDRESS) **Hugh & Schmitty Blvd 3732 S Grand Blvd**

20. FILED **Oct 19 1931** 19 **Miss B Stark** Registrar

4 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Oct 18th 1931**

22. I HEREBY CERTIFY, That I attended deceased from **Oct 5** 19**31** to **Oct 18** 19**31**
I last saw him alive on **Oct 17** 19**31** Death is said to have occurred on the date stated above, at **1249th**
The principal cause of death and related causes of importance were as follows:

46A
46 **Phrenology & Prostitution**
46 **of alcoholism**
46 **of alcoholism**

Date of onset

Other contributory causes of importance:
Cerebral degeneration
& cerebral degeneration
6 months duration

Name of operation..... Date of.....
Was test confirmed diagnosis? **Yes** Was there an autopsy? **no**

If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? **Yes** 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) **Frank R. Swanson**, M. D.
(Address) **3701 Washington**

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.

WHITE PLAINLY, WITH UNFADING INK...THIS IS A PERMANENT RECORD

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