

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

Do not use this space.

2788

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1155
City St. Louis (No. City Hospital)

File No.
Registered No. 490
St. Ward)

2. FULL NAME

(a) Residence, No. 4033 Castleman Ward 17
(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 19 - 1864

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
67 5 26

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bank 182
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Night Watchman
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 10

13. NAME Dietrich Koch

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

15. MAIDEN NAME Bertha Fink

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

17. INFORMANT (ADDRESS) Hospital Informant

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Marys Cem DATE Jan 16 1932

19. UNDERTAKER (ADDRESS) John K Ziegenhain

20. FILED Jan 13 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 15th 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan. 7th 1932 to Jan. 15th 1932
I last saw him alive on Jan. 15th 1932 Death is said to have occurred on the date stated above, at 6:10 am
The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis
924
1624
Other contributory causes of importance:
Senility

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?
If so, specify
(Signed) J. J. Reschner M. D.
(Address) City Hospital

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.

