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.

MAY 28 1932

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

Do not use this space.

13871

1. PLACE OF DEATH

96 County St. Louis. Registration District No. 1123 File No.

Township Carondelet Primary Registration District No. 6248 Registered No. 137

City Jeffe son Barracks, Mo. No. U.S. Veterans Administration Hospital, Jefferson Barracks, Mo. Ward)

2. FULL NAME Walter B. Koehler.

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

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. Grace Koehler.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 10, 1899

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
32	10	11	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Marion County, Mo. 215

10. Date deceased last worked at this occupation (month and year) 1 wk. ago.

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unavailable. Wisconsin.

FATHER

13. NAME Frank Koehler.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unavailable. Wisconsin.

MOTHER

15. MAIDEN NAME Katherine Schunk.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unavailable. Wisconsin.

17. INFORMANT (ADDRESS) C. H. Smith. Clinical Director. U.S. V.A. Hospital, Jefferson Brks, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Milwaukee Wis. DATE 4/22 1932

19. UNDERTAKER (ADDRESS) C. H. Hoffmeister & Co. 284 S. Broadway

20. FILED Apr. 22 1932 L. C. Obrock Registrar.

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 21, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 20, 1932, 19..., to April 21, 1932, 19...

I last saw him alive on April 21, 1932, 19... Death is said to have occurred on the date stated above, at 5:30 PM.

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

Transverse Myelitis, cervical cord. Date of onset

186 B 86 C 3
194 B
91 A

Other contributory causes of importance:

Accidental fall out of tree.
Fracture 5th & 6th Cervical Vertebrae.

Name of operation Autopsy & Physical Findings. Date of

What test confirmed diagnosis? Was there an autopsy? Yes.

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

Accident, suicide, or homicide? Accident. Date of injury 4-17-, 1932

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

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

At home on farm.

Manner of injury Fell out of tree.

Nature of injury Broken neck.

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

If so, specify

(Signed) W. G. Gibson, Medical Officer In Charge

(Address) U.S. Veterans Adm. Hospital, Jefferson Brks, Mo.