

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

Do not use this space.

14012

**1. PLACE OF DEATH**

County.....  
Township.....  
City St. Louis (No. 7406)

Registration District No. 781  
Primary Registration District No. 1005  
Vulcan

File No.....  
Registered No. 3324  
St. .... Ward)

**2. FULL NAME**

(a) Residence, No. 7406 Vulcan St. .... 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 4 1863</u>		
7. AGE	YEARS <u>79</u>	MONTHS <u>2</u>
	DAYS <u>29</u>	IF LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc..... <u>at home</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.....	
	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) <u>St. Louis</u> <u>mo</u>		
FATHER	13. NAME <u>Theodore Koeln</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u> <u>10</u>	
	15. MAIDEN NAME <u>Agnes Stern</u>	
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
	17. INFORMANT <u>Henry Koeln</u> (ADDRESS) <u>7406 Vulcan</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Mt. Olive Cem</u> DATE <u>April 6 1932</u>		
19. UNDERTAKER <u>E. J. Administrator</u> (ADDRESS) <u>1678 1/2 Broadway</u>		
20. FILED <u>APR - 5 1932</u> <u>St. Louis</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 3 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov. 4 1951, to April 3 1932

I last saw her alive on April 3 1932 Death is said to have occurred on the date stated above, at 2:30 P.M.

The principal cause of death and related causes of importance were as follows:  
Chronic Myocarditis  
Senility  
936  
1127 930

Other contributory causes of importance:  
(D)

Name of operation..... Date of.....  
What test confirmed diagnosis? B. P. Luemelt 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) Durant Benjamin M. D.  
(Address) 7408 1/2 McAlister

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.

7408 ~~Reservoir~~

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