

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

Do not use this space.

14609

~~45009~~

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1003**
 City St. Louis (No. 5825^e) Gravois St. Ward)

File No.
 Registered No. **3997**

2. FULL NAME

Joseph William Koeb
 (a) Residence. No. 5825^e Gravois St., 2 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 Katherine Koeb

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 7, 1855

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
76 4 15

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work clerk
 (b) General nature of industry, business, or establishment in which employed (or employer) Greer
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Orleans, La.

10. NAME OF FATHER Peter Koeb

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Germany 16

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown 31

14. INFORMANT Katherine Koeb
 (Address) 5825^e Gravois Road

15. FILED APR 21 1932 Max E. Stanley REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 22 1932

17. I HEREBY CERTIFY, That I attended deceased from Jan. 11, 1930, to Apr. 22, 1932, that I last saw him alive on Apr. 22, 1932, and that death occurred, on the date stated above, at 2:30 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
97⁺
570 Mitral regurgitation
56^E
personal brother 2 yrs. 7 mos. ds.
 CONTRIBUTORY arteriosclerosis
 (SECONDARY) and palsy
Rheumatism (duration) yrs. 2 mos. 1 ds.
palsy unknown

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? DATE OF.....

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS?.....

(Signed) J. P. Habig, M. D.

, 19 (Address) 5817 Gravois

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL St. Matthews Cemetery 4/25 1932
DATE OF BURIAL

20. UNDERTAKER Harold Kelsch U. S. L. Co. 2331 So. Broadway
 ADDRESS

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.

