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.

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

Do not use this space.

17202

File No. .....

Registered No. 87

1. PLACE OF DEATH
92 County St Charles
4 Township .....
8 City St Charles (No. St. Joseph's Hospital St. .....Ward)

Registration District No. 757
Primary Registration District No. 3036

2. FULL NAME Elizabeth Ann Kohrs

(a) Residence, No. 201 E. Hwy Highway 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jany 21-1932

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	4	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

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) St Charles Mo

FATHER

13. NAME Wm. Kohrs

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Charles Mo

MOTHER

15. MAIDEN NAME Lolita Nolle

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Orchard Farm Mo

17. INFORMANT Wm. Kohrs (ADDRESS) St Charles Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bethany Cem. DATE May 26 1932

19. UNDERTAKER Wm Allmayer & Sons Co (ADDRESS) St Charles Mo

20. FILED 5/25, 1932 Hy. G. Bloebaum Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 24, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 22, 1932, to May 24, 1932. I last saw h. alive on May 24, 1932. Death is said to have occurred on the date stated above, at 1.15 p.m.

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

	Date of onset
Bronchopneumonia	
9 (Whooping Cough)	
107A	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No 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? No
If so, specify .....

(Signed) B. Guest Gossom M.D., M. D.
(Address) 200 Clayton St Louis Mo