

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.

1. PLACE OF DEATH

County Registration District No. **791**
Township Primary Registration District No. **1003**
City **St. Louis** (No. **City Hospital #1**)

File No. **30828**
Registered No. **8538**
St. Ward

2. FULL NAME **Mabel M. Koehnemann**

(a) Residence, No. **4348 Delmar Blvd.** St. **19** Ward.

(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 **Female** 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 **Leo Koehnemann**
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **July 14, 1883**
7. AGE YEARS **49** MONTHS **2** DAYS **7** If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **At Home**
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **2:35**
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) **Iowa**

13. NAME **Charles Sharp**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**

15. MAIDEN NAME **Unknown**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**

17. INFORMANT **Leo Koehnemann**
(ADDRESS) **4348 Delmar Blvd**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Calvary Cem** DATE **9-24-1932**

19. UNDERTAKER **O. R. H. Hinton & Sons**
(ADDRESS) **7744 G. Olive Street**

20. FILED **SEP 23 1932** **Hay O. Stork** Registrar

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY That I attended deceased from **No Physician in Attendance** 19... to 19...

I last saw h. alive on 19... Death is said to have occurred on the date stated above, at **9:30** m.

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

Coronary Sclerosis
Coronary Stenosis
94B
Date of onset
Other contributory causes of importance: **94B**

Name of operation 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? Date of injury

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. W. Renner, M.D.**
(Address) **Dep. Coroner**

