

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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

Do not use this space.

8:12
93051

1. PLACE OF DEATH

37 County Case Registration District No. 303
 Township _____ Primary Registration District No. 4182
 6 City Leurgan (No. _____) St. _____ Ward _____

2. FULL NAME

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Marie Koeb</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 23-1859</u>		
7. AGE YEARS <u>73</u>	MONTHS <u>6</u>	DAYS <u>20</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Day Laborer</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) <u>1920</u>		11. Total time (years) spent in this occupation <u>37 yrs</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Hoffenheim Germany</u>		
13. NAME <u>Ludwig Koeb</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
15. MAIDEN NAME <u>Johanna Kudenbeiser</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
17. INFORMANT (ADDRESS) <u>Martha Koeb</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Leurgan</u> DATE <u>1/15/32</u>		
19. UNDERTAKER (ADDRESS) <u>W. H. ...</u>		
20. FILED <u>1-14</u> 19 <u>32</u> <u>Anna Hickley</u> Registrar		

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 8, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 4, 1932, to Jan 8, 1933
 I last saw him alive on Jan 8, 1933. Death is said to have occurred on the date stated above, at 8:30 a.m.
 The principal cause of death and related causes of importance were as follows:
Nephritis (chronic)
131
97
131
 Other contributory causes of importance:
Arteriosclerosis and
Aneurysm

Name of operation None Date of _____
 What test confirmed diagnosis? Urinal 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? No
 If so, specify _____
 (Signed) H. J. ... M. D.
 (Address) Leurgan Mo

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.

8 27 1933

