

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

Do not use this space.

11893

**1. PLACE OF DEATH**

County..... Registration District No. **791**  
 Township..... Primary Registration District No. **1003**  
 City **St. Louis**, (No. **St. Anthony's Hospital**.) St. .... Ward .....

File No. ....  
 Registered No. **3016**  
 St. .... Ward .....

**2. FULL NAME**

**Louise Kohlberg**  
 (a) Residence, No. **3141a Meramec St.**, St. **15** Ward. (If nonresident, give city or town and State)  
 (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.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <b>Female</b>	4. COLOR OR RACE <b>White</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>Married.</b>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <b>Herman Kohlberg.</b>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>Jan. 14, 1876.</b>		
7. AGE YEARS <b>57</b>	MONTHS <b>2</b>	DAYS <b>15</b>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <b>At home.</b>		
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) <b>St. Louis, Mo.</b>		

FATHER	13. NAME <b>Joseph Rechtien</b>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Germany.</b>
MOTHER	15. MAIDEN NAME <b>Elizabeth Bockwinkel</b>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Germany.</b>
17. INFORMANT <b>Alphonse K. Kohlberg</b> (ADDRESS) <b>3141a Meramec St.</b>	
18. BURIAL, CREMATION, OR REMOVAL <b>SS. Peter &amp; Paul Cem. DATE April 1, 1933</b>	
19. UNDERTAKER <b>J. N. Gebken &amp; Co.</b> (ADDRESS) <b>2842 Meramec St.</b>	
20. FILED <b>MAY 30 1933</b> 19 <b>May C. Stoddy</b> Registrar.	

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Mar. 19, 1933**

22. I HEREBY CERTIFY, That I attended deceased from **Nov 22, 1932 to May 29th, 1933**

I last saw h. alive on **Mar 29th, 1933**. Death is said to have occurred on the date stated above, at **3:20 A. m.**

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

**Chronic Myocarditis 2 yrs**  
**131**  
**930**  
**1/21**  
 Date of onset

Other contributory causes of importance:  
**Chr Interstitial nephritis 1 1/2 yrs**

Name of operation **no** Date of  
 What test confirmed diagnosis: **clinical** 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) **Dr. Stoddy**, M. D.  
 (Address) **3606 Grand**

WHITE 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.

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