

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

Do not use this space.

37855

**1. PLACE OF DEATH**

County St. Louis Registration District No. 1170 File No. \_\_\_\_\_  
 Township Central Primary Registration District No. 6248 H Registered No. 227  
 City Edmond Heights (No. St. Marys Hospital) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. 3336 18<sup>th</sup> St., \_\_\_\_\_ 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 <u>Female</u>		4. COLOR OR RACE <u>White</u>		5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>John Koeringer</u>					
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 16 - 1854</u>					
7. AGE	YEARS <u>79</u>	MONTHS <u>3</u>	DAYS <u>27</u>	IF LESS than 1 day, _____ hrs. or _____ min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>at home</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)		11. Total time (years) spent in this occupation		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis, Mo</u>					
FATHER	13. NAME <u>Unknown</u>				
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>				
MOTHER	15. MAIDEN NAME <u>Unknown</u>				
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>				
17. INFORMANT <u>Mrs. Elizabeth Babring</u> (ADDRESS) <u>777 #6, Chandler of 50th Blvd</u>					
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Missouri Crematory</u> No. <u>15</u> St. <u>98</u>					
19. UNDERTAKER <u>Wacker, St. Helderle</u> (ADDRESS) <u>233 1/2 Broadway</u>					
20. FILED <u>11/13</u> , 19 <u>33</u> <u>Gertrude Carter</u> Registrar.					

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 12, 1933  
 22. I HEREBY CERTIFY, That I attended deceased from 6-25, 1933, to 11/12, 1933  
 I last saw her alive on 11/12, 1933 Death is said to have occurred on the date stated above, at 9:45 a.m.  
 The principal cause of death and related causes of importance were as follows:

Chr. Myocarditis  
Emphysema!  
Ch. Nephritis  
 Date of onset \_\_\_\_\_

Other contributory causes of importance:  
Emphysema!  
Ch. Nephritis  
 Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? Cholesterol 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) James J. Stok, M. D.  
 (Address) 1004 one West 82<sup>nd</sup> St

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.

Trade

AMERICAN