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.

38214

1. PLACE OF DEATH

County ..... Registration District No. 791 ~~903~~ File No. .....

Township ..... Primary Registration District No. ..... Registered No. 9853

City St. Louis, Mo. (No. Jewish Hospital St. ..... Ward)

2. FULL NAME Oscar Carl Koelle

(a) Residence, No. 7459 Stratford Avenue St., 12 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: Male
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 Virginia A. Koelle

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 8th, 1869

7. AGE: YEARS 64 MONTHS 10 DAYS 5 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Printer
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. Louis, Missouri

FATHER

13. NAME Ernst Koelle
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER

15. MAIDEN NAME Elizabeth Baer
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Virginia Koelle 7459 Stratford Avenue

18. BURIAL, CREMATION, OR REMOVAL PLACE Bellefontaine DATE Nov. 16, 1933

19. UNDERTAKER (ADDRESS) Weick Brothers 2201 S. Grand Boulevard

20. FILED NOV 15 1933 19 J. F. Budick Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 13, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 7, 1933, to Nov. 13, 1933

I last saw him alive on Nov 13, 1933. Death is said to have occurred on the date stated above, at 10:00 P.m.

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

	Date of onset
1. Carcinoma of the Sigmoid Colon	2 yrs.?
2. Bronchopneumonia	

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Other contributory causes of importance:

1. Cardio-vascular-renal disease!

Name of operation Excision of part of sigmoid Date of 11-9-33

What test confirmed diagnosis? microscopic exam. 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 ....., 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) Harry Agress M. D.

(Address) Jewish Hospital, St. L. Mo.