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

Do not use this space.

File No. 10289

Registered No. 92

1. PLACE OF DEATH
County St. Louis Registration District No. 785
Township Bonhomme Primary Registration District No. 6031
City Chesterfield (No. ..... St. ..... Ward)

2. FULL NAME Henry Koebel
(a) Residence, No. Chesterfield, Mo St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 72 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~~ Emma Koebel

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May-21-1861

7. AGE: YEARS 72 | MONTHS 9 | DAYS 29 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own farm
10. Date deceased last worked at this occupation (month and year) 5-19-34
11. Total time (years) spent in this occupation 50-

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Altheim, Mo

FATHER
13. NAME Peter Koebel
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Altheim, Mo

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

17. INFORMANT Walter Koebel
(ADDRESS) Chesterfield, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Francis Cem. Manchester, Mo DATE Mar 23, 34

19. UNDERTAKER Schrader Funeral Home
(ADDRESS) Ballwin, Mo

20. FILED 3/21/, 1934 Agnes C. Kelly Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar-20-1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 10- A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. fiberous myocarditis, (cor-bovinum) Chr. int. nephritis, Chr. cholecystitis, Chr. cholelithiasis, Chr. generalized arterio sclerosis,	1931

Other contributory causes of importance:
Acute hemorrhagic occlusion of the descending branch of the l. coronary artery.

Name of operation ..... Date of .....
What test confirmed diagnosis? autopsy 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? .....
If so, specify .....
(Signed) Luke B. Tiernon M. D.
(Address) 3718 Jennings

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.