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.

791

18972

1003

1. PLACE OF DEATH

County ..... Registration District No. ..... File No. .....

Township ..... Primary Registration District No. X ..... Registered No. 5494

City St. Louis (No. 3930, N. 11th St. ..... Ward)

2. FULL NAME William H. Koetten

(a) Residence, No. 3930 North 11th St., 26 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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb. 14, 1866

7. AGE: 68 YEARS, 3 MONTHS, 17 DAYS. If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Druggist
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Proprietor
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): Germany

FATHER
13. NAME: Casper Koetten
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER
15. MAIDEN NAME: Not Known
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): Edward H. Koetten, 3930 North 11th Street

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Bellefontaine DATE: June 4, 1934

19. UNDERTAKER (ADDRESS): Math. Hermann Sons, 2161 East Fairview

20. FILED: JUN - 1 1934 Jos. F. Bredeck, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 31, 1934

22. I HEREBY CERTIFY, That I attended deceased from April 11, 1934, to May 31, 1934. I last saw him alive on May 31, 1934. Death is said to have occurred on the date stated above, at 8:30 p. m.

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

Carcinomia of Liver and Hemorrhage

Date of onset

46

Other contributory causes of importance: Original seat of cancer in liver.

Name of operation ..... Date of .....

What test confirmed diagnosis? X Rays Was there an autopsy? .....

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) Isaac Schotz Mountjoy, M. D.
(Address) 3403 N. 14th St.