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.

JUN 26 1934

96

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

Do not use this space.

1. PLACE OF DEATH

County St. Louis — Registration District No. 1123 — File No. 19075

Township Carondelet — Primary Registration District No. 6248 B — Registered No. 182

City Jefferson Barracks, Mo. (No. Veterans' Administration Facility St. Ward)

2. FULL NAME Harry KOETTING

(a) Residence, No. 2803 McNair Str., St. Louis, Mo. Ward. St Louis Mo
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 17, 1890

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, - hrs. or min.
	43	11	11	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Royal Typewriter Company

10. Date deceased last worked at this occupation (month and year) January, 1930

11. Total time (years) spent in this occupation 10 years

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Louis Missouri

FATHER

13. NAME: Henry Koetting

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Jefferson City Missouri

MOTHER

15. MAIDEN NAME: Minnie Vogel

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Herman Missouri

17. INFORMANT (ADDRESS): E. T. GALLAGHER, M. D., Act. Clin. Dir., Vets. Adm. Fac., Jeff. Bks., Mo.

18. BURIAL, CREMATION, OR REMOVAL — PLACE St Paul's church Cyd. DATE May 30 1934

19. UNDERTAKER (ADDRESS): Wacker Helderle 2331 S. Broadway

20. FILED May 29, 1934 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 28, 1934

22. I HEREBY CERTIFY, That I attended deceased from January 9, 1930, to May 28, 1934

I last saw him alive on May 28, 1934 Death is said to have occurred on the date stated above, at 8:30 A.M.

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

	Date of onset
Coronary embolism -	Unkn.
Tuberculosis, Pulmonary, chronic, active, far advanced	
23	
Other contributory causes of importance:	
Diabetes Mellitus	Unkn.
94	

Name of operation None — Date of

What test confirmed diagnosis? Physical exam., X-Ray, Laboratory & Electro-Cardiogram — 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?

If so, specify

(Signed) W. C. GIBSON, M.D., Manager, XXXX

(Address) Vets. Adm. Fac., Jeff. Bks., Mo.