

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

Do not use this space.

**1. PLACE OF DEATH**

County..... Registration District No. **791**  
 Townshp..... Primary Registration District No. **1008**  
 City **St. Louis** (No. **4138<sup>th</sup> Pleasant**) St. .... Ward)

File No. **22627**  
 Registered No. **2063**

**2. FULL NAME**

(a) Residence, No. **4138<sup>th</sup> Pleasant** St. **10** Ward.  
 (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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Hulda Schaefer Koethen (Teacher)**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Sept. 15, 1871**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
**62 9 13**

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **U.S. Post Office**

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **Retired**

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 Mo.**

13. NAME **Louis Schaefer Koethen**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

15. MAIDEN NAME **Katherine Berg Meyer**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis Mo.**

17. INFORMANT (ADDRESS) **Mrs. Hulda Schaefer Koethen 4138<sup>th</sup> Pleasant St.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Friedberg** DATE **July 2, 1934**

19. UNDERTAKER (ADDRESS) **Mark Bernard & Son 1314<sup>th</sup> St. Louis**

20. FILED **30** 19**34** 19 **J. Bredeck** Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **June 28, 1934**

22. I HEREBY CERTIFY, That I attended deceased from **May 3, 1934** to **June 28, 1934**

I last saw him alive on **June 28, 1934** Death is said to have occurred on the date stated above, at **6 P.M.**

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

**Cerebral hemorrhage**  
**82a1**  
 Other contributory causes of importance  
**General arteriosclerosis**

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

What test confirmed diagnosis? **Clinical** 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 **Henry G. Westerman**, M. D.  
 (Signed) **Henry G. Westerman**, M. D.  
 (Address) **2130 E. Grand Blvd.**

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.

WHITE-PERAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

