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.

DEC 20 1934

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

Do not use this space.

1. PLACE OF DEATH

County St Charles — Registration District No. 757 — File No. 40468

Township — Primary Registration District No. 3036 — Registered No. 198

City St Charles (No. 913 No 2nd St. Ward)

2. FULL NAME Fred J. Kohl

(a) Residence, No. 913 No 2nd St., 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): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept-22-1872

7. AGE: YEARS 62 — MONTHS 1 — DAYS 16 — 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.
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 Charles Mo

FATHER
13. NAME: John Kohl
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER
15. MAIDEN NAME: Don't Know
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): Mary Kohl 913 No 2nd St

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Seman, Methodist DATE: Nov-10 1934

19. UNDERTAKER (ADDRESS): F. S. Walton K.C. Mo

20. FILED 11/9 1934 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 11 – 8, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1934, to 11 – 8, 1934

I last saw him alive on 6 –, 1934 Death is said to have occurred on the date stated above, at 1.55 A.m.

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

Broncho Pneumonia
Lymphosarcoma –

Date of onset

Other contributory causes of importance:

53

Name of operation — Date of

What test confirmed diagnosis? — 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
(Signed) Vincent A. Schneider, M. D.
(Address) St. Charles Mo.

Friday 10-11
2 and 3

Dr Snider