

WHITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

APR 26 1935

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

Do not use this space.

45182

1. PLACE OF DEATH

County..... Registration District No. 70  
Township..... Primary Registration District No. 70  
City St. Louis No 60 (No. 256) Deloy St  
St. .... Ward) .....

File No. ....  
Registered No. 12350  
St. .... Ward) .....

2. FULL NAME

(a) Residence, No. .... St., 23 Ward. ....  
(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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 14 - 1855

7. AGE YEARS MONTHS DAYS IF LESS THAN 1 day, hrs. or min.  
79 1 14

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Melsholtz Mfg Co

10. Date deceased last worked at this occupation (month and year) Sept 30, 1934 11. Total time (years) spent in this occupation 18

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

13. NAME Henry Koehler

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Serpinary

15. MAIDEN NAME not known

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) do.

17. INFORMANT (ADDRESS) Adrian Seders 2116 Sidway St

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peter Paul DATE Dec 31 - 1934

19. UNDERTAKER (ADDRESS) Creydes 1110 4635 So Broadway

20. FILED 6 23 19 35 Joe J. Bredder  
Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Dec 26, 1934, to Dec 28, 1934.  
I last saw him alive on Dec 28, 1934. Death is said to have occurred on the date stated above, at 10:30 am.  
The principal cause of death and related causes of importance were as follows:  
White Broncho Pneumonia Date of onset Dec 16

Other contributory causes of importance:  
10 1/2

Name of operation..... Date of.....  
What test confirmed diagnosis?..... 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? No  
If so, specify.....  
(Signed) Obgo J. Schaver, M. D.  
(Address) 2101 So. Broadway

