

WRITE 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.

AUG 23 1935

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

Do not use this space.

24261

1. PLACE OF DEATH

County St. Louis
Township Central
City Maplewood

Registration District No. 786
Primary Registration District No. 4469
(No. 2840 Barthold av.)

File No.
Registered No. 38
St. Ward)

2. FULL NAME Herman H. Kooh,

(a) Residence, No. St., 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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1875-6-10

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
60 1 8

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Blacksmith
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. W. N. Mathews Co.
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) Owensville, Mo.

13. NAME Hy. Kooh,

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

15. MAIDEN NAME Mary Sassman,

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

17. INFORMANT Anna Kooh
(ADDRESS) 2840 Barthold av

18. BURIAL, CREMATION, OR REMOVAL PLACE Owensville, Mo. DATE 8/21/35

19. UNDERTAKER Robert J. Ambemata
(ADDRESS) Clayton Rd, at Concordia Lane

20. FILED Aug 10 1935 Pauline Breckstein
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/18/35 1935

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1934 to 7/18/35 1935

I last saw h. im alive on 7/18/35 1935 Death is said

to have occurred on the date stated above, at 3:30 p.m.
The principal cause of death and related causes of importance were as follows:

Cerebral thrombosis 87 R. 6-70-35

Other contributory causes of importance:

Arterio sclerosis 19 30
arterial hypertension 19 30

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

(Signed) W. J. Kepper M. D.
(Address) 4500 Olive st.

