

SEP 16 1935

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

Do not use this space.

791  
1003

27746

## 1. PLACE OF DEATH

County ..... Registration District No. ....  
Township ..... Primary Registration District No. ....  
City *St. Louis* (No. ....) *City Hospital* St. .... Ward) .....

File No. ....  
Registered No. **6795**

## 2. FULL NAME

*Margaret C. Kahler*  
(a) Residence, No. *5317 Euclid Ave.* St. .... 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 *Female* 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 *Conrad Kahler*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *March 28-1907*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
*28 4 11*

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

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) *Ledvick Colo*

13. NAME *Harry Bennett*

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

15. MAIDEN NAME *Mabel Howell*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Scotland*

17. INFORMANT *Conrad Kahler*  
(ADDRESS) *5317 Euclid Ave.*

18. BURIAL, CREMATION, OR REMOVAL  
PLACE *Cole Springs Co* DATE *Aug 9 1935*

19. UNDERTAKER *Greenhumberg and Co*  
(ADDRESS) *4740 9th St. St. Louis Mo*

20. FILED *AUG - 9 1935*  
*J. P. Bredeck*  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Aug 8 1935*

22. I HEREBY CERTIFY, That I attended deceased from ..... 19....., to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said

to have occurred on the date stated above, at *4:15 a.m.*

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

*Bronchial pneumonia following hanging at residence while suffering temporary mental aberration on Aug 8, 1935*

Other contributory causes of importance:

*Suicide*

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 *Suicide* Date of injury *Aug 8 1935*

Where did injury occur? *St. Louis Mo*  
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.  
*home*

Manner of injury *hanging*

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) *Harold Schuch* M.D.

*8/9/35* (Address) *W. P. ...*

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.

