

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

Do not use this space.

NOV 9 1935

34173

1. PLACE OF DEATH

County St. Louis Mo

Registration District No. 791

Township.....

Primary Registration District No. 1003

City.....

(No. St. Anthony Mos.)

File No.....

Registered No. 8595

St.....

Ward)

2. FULL NAME

Pauline Koehler

(a) Residence, No. 2425 - 1/2 N. Main St., 23 Ward.

(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 (OR) WIFE OF Fred Koehler

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
60 4 1

8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. Housewife

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) Mo

MOTHER 13. NAME John Bauer

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

15. MAIDEN NAME Sophie Klaus

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

17. INFORMANT (ADDRESS) Mrs C. Grebe 2417 Salema

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Anne's Mo DATE 10/11/35

19. UNDERTAKER (ADDRESS) William G. Galt 1809 N. Euclid

20. FILED Oct 13 1935 J. G. Grebe Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 11th, 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 16th, 1935 to Oct. 11th, 1935

I last saw him alive on Oct. 11th, 1935 Death is said to have occurred on the date stated above, at 7:30 P. m.

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

Carcinoma of stomach with metastasis

Other contributory causes of importance: 46

Name of operation Autopsy Date of Sept 23-35
What test confirmed diagnosis? Aut. Was there an autopsy? yes

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) J. G. Grebe, M. D.
(Address) 3548 S. Grand

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.

10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

