

NOV 9 1935

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH **791**
1003

Do not use this space.

34469

File No. **8908**Registered No. _____
St. _____ Ward _____

1. PLACE OF DEATH

County _____ Registration District No. _____
Township _____ Primary Registration District No. _____
City St. Louis (No. 4703 Lewis Place)

2. FULL NAME

William Koehler

(a) Residence, No. 4703 Lewis Place St. 12 Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 63 yrs. 11 mos. 25 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 28, 1871

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
63 9 25

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Care Taker of Club

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. Louis, Mo13. NAME Louis F. Koehler14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany15. MAIDEN NAME Lara Lich16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany17. INFORMANT (ADDRESS) Louis E. O'Neil
4703 Lewis Place St. Louis, Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE St. Peters DATE Oct. 25, 193519. UNDERTAKER (ADDRESS) Alexander J. Dow
6175 Delaney St. Louis, Mo20. FILED 24 1935 1935
J. Bedeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 27, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 15, 1935 to Oct 23, 1935
I last saw him alive on Oct 23, 1935 Death is said

to have occurred on the date stated above, at 8:10 PM
The principal cause of death and related causes of importance were as follows:

Inanition

Date of onset

Other contributory causes of importance:

Basilar Carcinoma

Name of operation _____ Date of _____

What test confirmed diagnosis? X-Ray 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) C. G. Emerson, M. D.(Address) 3970 Eastern Ave

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.

Dr C. Emerson
3890 Easton

9th. N.