

DEC 11 1935

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

Do not use this space.

34701

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City **St. Louis, Mo.** (No. **5800 A.** **Arsenal St.** *City Infirmary*)
File No. **9182**

2. FULL NAME **Henry William Kohlmeier**

(a) Residence, No. **5800 Arsenal** St., **13** Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred **Life** 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) **Single**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **January 7, 1873**

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
63 63 9 23

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Car & Coach Builder**
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, Missouri.**

FATHER
13. NAME **George Kohlmeier**

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

MOTHER
15. MAIDEN NAME **Anna Smetan**

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

17. INFORMANT **Rose Colvin**
(ADDRESS) **5800 Arsenal.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **St. Peter's** DATE **Nov. 3, 1935**

19. UNDERTAKER **Math. Hermann & Son**
(ADDRESS) **3161 East Fair Ave.**

20. FILED **11 1935** **J. F. Bredeck**
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **October 30, 1935**

22. I HEREBY CERTIFY, That I attended deceased from **7-1**, 19**35**, to **10-30**, 19**35**

I last saw **h. c. m.** alive on **10-30**, 19**35** Death is said

to have occurred on the date stated above, at **2 1/2** m.

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

Chronic myocarditis

Date of onset

Other contributory causes of importance:

Saber pneumonia

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?.....

If so, specify.....

(Signed) **Smith, C. E.**, M. D.

(Address) **Qualtrick Hospital**

St. Louis, Mo.

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.

