

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.

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

Do not use this space.

FEB 15 1936

7618

1. PLACE OF DEATH

County Registration District No. **791**
Township Primary Registration District No. **1000**
City **St. Louis** No. **St. Anthony's Hosp.** St. Ward)

File No.
Registered No. **1268**

2. FULL NAME

(a) Residence, No. **3317 1/2 Humphrey St.** 16 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*) **Single**
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Jan 11 - 1878**
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
58 0 21
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Office work**
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **Insurance**
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 Mo**

13. NAME **Jacob Koehler**

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

15. MAIDEN NAME **Sophia Lauer**

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

17. INFORMANT **Martha Metzler**
(ADDRESS) **3317 1/2 Humphrey**

18. BURIAL, CREMATION, OR REMOVAL PLACE **St. Peter's Paul** DATE **2-5-36**

19. UNDERTAKER **Franker Holdrege**
(ADDRESS) **2331 So Broadway**

20. FILED **FEB - 15 1936** **J. T. Bredek**
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Feb 2nd, 1936**

22. I HEREBY CERTIFY, That I attended deceased from **Jan 24, 1935, to Feb 2, 1936**

I last saw her alive on **Feb 1, 1936**. Death is said to have occurred on the date stated above, at **6:45 a.m.**

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

Acute Hemorrhagic Pancreatitis Date of onset **1/24/36**

Other contributory causes of importance: **Chr. Cholecystitis & lithiasis Nov. 1935**

Name of operation **(Cholecystectomy & Drainage of Pancreas)** Date of **1/26/36**

What test confirmed diagnosis? **operation** Was there an autopsy? **No**

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? **No** Date of injury

Where did injury occur? **No** (Specify city or town, county, and State)

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

Manner of injury **No**
Nature of injury **No**

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) **Henry J. Thayer** M. D.

(Address) **514 Metrogaleton Bldg**

