JUL 14 193

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

791

1003

Do not use this space.

48528

File No.

Registered No. 6427

1. PLACE OF DEATH

County

Township

City St Louis (No. City Hosp St. Ward)

Registration District No.

Primary Registration District No.

B 3371

2. FULL NAME Baby Kohl

(a) Residence, No. 2110 S Broadway St., Ward. 23
(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 S

4. COLOR OR RACE W

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) June 6 - 1936

7. AGE Years Months Days If LESS than 1 day, ...hrs. or ....min.
Stillborn

OCCUPATION

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

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 Mo

FATHER

13. NAME Henry Kohl

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis Mo

MOTHER

15. MAIDEN NAME Lena Hecht

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

17. INFORMANT (ADDRESS) Wm Hecht 1011 City Hosp

18. BURIAL, CREMATION, OR REMOVAL
PLACE City Cemetery DATE 6-26-36, 19

19. UNDERTAKER (ADDRESS) David Van Forman

20. FILED JUN 25 193 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/6/36, 19

22. I HEREBY CERTIFY, That I attended deceased from 6/5, 19 36 to 6/5/36, 19 ..... I last saw h.. alive on 6/5, 19 36. Death is said to have occurred on the date stated above, at ..... a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Stillborn	

Other contributory causes of importance:

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) A. C. Ollman, M. D.
(Address) City Hosp

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.

WRITE PLAINLY WITH FADING INK—THIS IS A PERMANENT RECORD