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

Do not use this space.

96 1. PLACE OF DEATH — FEB 8 1937 — Registration District No. 791
30 County ..... Primary Registration District No. 1003
Township ..... File No. 3058
City St. Louis, (No. City Hospital No.1 St. Ward) Registered No. 49

B. 14169 Charles Kohl

2. FULL NAME

(a) Residence, No. 718 Marion St., 23 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
male	white	married

5A. IF MARRIED, WIDOWED, OR DIVORCED — HUSBAND OF (OR) WIFE OF: Lena Kohl

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug 29-1859

7. AGE — YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
77	4	4	

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: 2

262

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Jerseyville, Illinois

FATHER

13. NAME: Geo. Kohl
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany 10

MOTHER

15. MAIDEN NAME: Hattie ?
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Illinois 2

17. INFORMANT (ADDRESS): Hosp. Info. M.H. Kent, City Hospital No.1

18. BURIAL, CREMATION, OR REMOVAL — PLACE SUNSET BURIAL PARK, DATE JAN 4 1937

19. UNDERTAKER (ADDRESS): E. J. Lehmur, 312 S Lafayette, ave

20. FILED JAN 2 1937 19 — J. J. Bredeck, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 1/2/37, 19

22. I HEREBY CERTIFY, That I attended deceased from 12/31/36, 19 to 1/2/37, 19
I last saw him alive on 1/2/37, 19 Death is said to have occurred on the date stated above, at 2.40 a.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
107a	
Other contributory causes of importance: Emphysema, Chronic Bronchitis pneumonia	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... 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? .....
If so, specify .....
(Signed) Geo. L. Seibold, M. D.
(Address) City Hospital No.1

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 UNFADING INK—THIS IS A PERMANENT RECORD

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