

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

Do not use this space.

**MAY 31 1937**

1. PLACE OF DEATH  
96 County St. Louis  
19 Township  
5 City University City (No. 771 Radcliff Ave.)

Registration District No. 1160  
Primary Registration District No. 4470

File No. 17646  
Registered No. 41  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Harry H. Kahrs  
(a) Residence, No. 771 Radcliff Ave. St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 39 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 17 1937

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

22. I HEREBY CERTIFY, That I attended deceased from 4-13, 1937, to 4-17, 1937  
I last saw him alive on 4-16, 1937 Death is said

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 12, 1884

to have occurred on the date stated above, at 6 a m.  
The principal cause of death and related causes of importance were as follows:

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>2</u>	<u>52</u>	<u>7</u>	<u>5</u>	

Broncho-pneumonia Date of onset 4-13 37

8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. Paint Salesman

Hypertension 1930  
Nephritis 11

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) 1934 Dec. 11. Total time (years) spent in this occupation

Other contributory causes of importance:  
Hypertension 1931  
nephritis 11

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sedalia Mo

13. NAME Peter Kahrs

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sedalia Mo

15. MAIDEN NAME Margretha Schlusing

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sedalia Mo

17. INFORMANT (ADDRESS) Mrs. H. H. Kahrs 771 Radcliff Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Bellefontaine DATE Apr. 19 1937

19. UNDERTAKER (ADDRESS) Alexander & Sons 6175 Delmar

20. FILED Apr. 19 1937 Lena V. Moeller Registrar

Name of operation no 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? no  
If so, specify \_\_\_\_\_  
(Signed) P. D. Cassidy, M. D.  
(Address) 4500 Olive St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

W. V. Casway  
List of Bldg.