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

JUN 12 1937

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 18245

Township ..... Primary Registration District No. 1003 Registered No. 4821

City St. Louis, (No. St. Anthony Hospital St. ..... Ward)

2. FULL NAME Infant Kohlberg

(a) Residence, No. 4311 Michigan St., 15 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	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 12, 1937.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, 1 hrs. or ..... min.
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OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

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 George H. Kohlberg

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

MOTHER

15. MAIDEN NAME Gertrude Grimm

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

17. INFORMANT (ADDRESS) Geo Kohlberg 4311 ~~Meramec~~ Michigan

18. BURIAL, CREMATION, OR REMOVAL M+OLIVE CEM

~~SS Peter and Paul Cem~~ DATE Apr. 13, 1937

19. UNDERTAKER (ADDRESS) J H Gebken L & U Co. 2842 Meramec St.

20. FILED MAY 11 1937 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 12 1937

22. I HEREBY CERTIFY, That I attended deceased from Apr. 12, 1937, to Apr. 12, 1937

I last saw him alive on Apr. 12-37, 19.... Death is said to have occurred on the date stated above, at 7 15 p m.

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

~~Stall barre~~ 4 1/2 mos. Prematurity

Date of onset

Other contributory causes of importance:

159

Name of operation None 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. W. Stern, M. D.

(Address) 3606 Travois

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

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