

JUN 12 1937

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

Do not use this space.

1. PLACE OF DEATH

County.....
Township.....
City **St. Louis,**

Registration District No. **791**
Primary Registration District No. **1003**
(No. **4125 Schiller Pl.**)

File No. **18601**
Registered No. **5177**
St. Ward)

2. FULL NAME **Herman J. Kohlberg**

(a) Residence, No. **4125 Schiller Pl.** St., **15** 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 **Male** 4. COLOR OR RACE **White** 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) **July 3, 1900**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
36 11 21

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

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.**

13. NAME **Herman Kohlberg**

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

15. MAIDEN NAME **Louise Rechten**

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

17. INFORMANT **Raymond Kohlberg** (ADDRESS) **4125 Schiller Pl.**

18. BURIAL, CREMATION, OR REMOVAL **SS. Pater and Paul Cem.** DATE **May 25, 1937**

19. UNDERTAKER **J. H. Hubbert and Co.** (ADDRESS) **2842 Meramec St.**

20. FILED **MAY 24 1937** **J. T. Bredeck** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **May 21**, 19 **37**

22. I HEREBY CERTIFY, That I attended deceased from **June 20th**, 19 **20**, to **May 21**, 19 **37**

I last saw him alive on **May 21st**, 19 **37**. Death is said to have occurred on the date stated above, at **8:45 A.M.**

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

Epilepsy, 18 yrs.
Apoplexy, 1 day
Stroke

Other contributory causes of importance:

Apoplexy, 1 day

Name of operation **None** Date of

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

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. H. Hauer**, M. D.

(Address) **3606 Grand**

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Every member of the community should be examined EXACTLY. PHYSICIANS should state

82002

MOTHER FATHER OCCUPATION

