

AUG - 5 1937

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

Do not use this space.

25479

1. PLACE OF DEATH

County Registration District No. **791**
Township Primary Registration District No. **1003**
City **St. Louis, Mo.** (No. **1003**) City, Hospital St. Ward

File No. **6653**Registered No. **6653**2. FULL NAME **Mrs. Bertha M. Koehler**

(a) Residence, No. **4454 S. Spring Avenue** St. **15** Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred **66 yrs. 3 mos. 14 ds.** How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mr. Henry Koehler		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 25, 1871		
7. AGE YEARS 66	MONTHS 3	DAYS 14
If LESS than 1 day, hrs. or min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Household		
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, Missouri		
13. NAME August Huseman		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany		
15. MAIDEN NAME Elizabeth Luedde		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany		
17. INFORMANT Mr. Fred W. Koehler (ADDRESS) 4454 S. Spring		
18. BURIAL, CREMATION, OR REMOVAL PLACE Picker Cemetery DATE July 12, 1937		
19. UNDERTAKER Beidervieden Funeral Home, Inc. (ADDRESS) 1936 St. Louis Avenue		
20. FILED 10 10 1937 J. Brebeck Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **July 9, 1937**

22. I HEREBY CERTIFY, That I attended deceased from

, 19....., to....., 19.....

I last saw h..... alive on....., 19..... Death is said

to have occurred on the date stated above, at **8:30 A. M.**

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

Uterus, Cancer primary invasion of Cervix and Vagina
Other contributory causes of importance:
arterio-sclerosis

Date of onset

Name of operation

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 **See above**

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? **No**

If so, specify

(Signed) **Joseph M. Zeman, M. D.**(Address) **Deputy Coroner**

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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