

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

Do not use this space.

**SEP 10 1937**

**29085**

**1. PLACE OF DEATH**

County .....  
Township .....  
City **St. Louis, Missouri** (No. **162**)

Registration District No. **8001**  
Primary Registration District No. **162**  
Alexian Bros. Hospital

File No. ....  
Registered No. **7718**  
St. .... Ward)

**2. FULL NAME** *Lawrence Koerber*

(a) Residence, No. **2717 Baldwin** St. **20** Ward.

(Usual place of abode) (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 *M* 4. COLOR OR RACE *W* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Married*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Julia M. Koerber**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Dec. 6, 1886**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
**50 9 10**

OCCUPATION  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **caretaker Padler Park**  
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) **Illinois**

FATHER  
13. NAME **Joseph Koerber**  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Illinois**

MOTHER  
15. MAIDEN NAME **Katherine Roeper**  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis, Missouri**

17. INFORMANT **Mrs. Julia Koerber**  
(ADDRESS) **2717 Baldwin Street**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Calvary Cem.** DATE **Aug. 18, 1937**

19. UNDERTAKER **Leidius Undertaking Co.**  
(ADDRESS) **417 N. Market**

20. FUNERAL **J. Bredek**  
AUG 18 1937 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Aug 16, 1937**

22. I HEREBY CERTIFY, That I attended deceased from **June 6, 1937**, to **Aug 16, 1937**  
I last saw him alive on **Aug 15, 1937**. Death is said to have occurred on the date stated above, at **5:20 a.m.**  
The principal cause of death and related causes of importance were as follows:

*Myocardial Failure due to chronic myocarditis*  
*Mural thrombosis*  
*Pulmonary infarct*  
*Septicemia*  
Other contributory causes of importance: *thrombosis*

Date of onset **Aug 37**  
**Aug 37**

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? *no*  
If so, specify .....

(Signed) **B. A. Nestor**, M. D.  
(Address) **4209 S. Kingshighway**  
*St. Louis Mo.*

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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