

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.

WHITE PLAINLY WITH O ADING INK—THIS IS A PERMANENT RECORD

1 X704

20714 1937

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

Do not use this space.

32490

1. PLACE OF DEATH

County.....
Township.....
City St. Louis, Mo.

Registration District No. 791
Primary Registration District No. 1003
(No. Isolation Hospital)

File No.....
Registered No. 8544
St. Ward.....

2. FULL NAME Gustave Koehrer

(a) Residence, No. 4018 Nebraska St., 15 Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 56 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 Phoebe Koehrer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 2, 1860

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ...hrs. or min.
77 7 7

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

Nil

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) St. Louis,
(STATE OR COUNTRY) Mo.

13. NAME Ernest Koehrer

14. BIRTHPLACE (CITY OR TOWN) ?
(STATE OR COUNTRY) Germany

15. MAIDEN NAME Christina Heuer

16. BIRTHPLACE (CITY OR TOWN) ?
(STATE OR COUNTRY) Germany

17. INFORMANT MC. Barry
(ADDRESS) 5600 Arsenal st.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Memorial Park DATE Sept. 11, 1937

19. UNDERTAKER Wm. Schumacher
(ADDRESS) 3013 Meramec St.

SEP 11 1937

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Sept. 9 7³⁰pm, 1937, to Sept. 9 8⁰⁰pm, 1937

I last saw h. l. a. f. alive on Sept. 9, 1937. Death is said

to have occurred on the date stated above, at 8⁰⁰ m.

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

Encephalitis (Epidemic).

Date of onset 8-25-37

Other contributory causes of importance:

Name of operation None Date of 7-20-37

What test confirmed diagnosis? clinical 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?

If so, specify

(Signed)

(Address)

M. D.

I Fred A. Ketting , Licensed Embalmer No. 1534

Herby certify that the body recorded on the reverse side of this
certificate was embalmed by Me

Signed Fred A. Ketting
Licened Embalmer No. 1534