

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.

Isolation Hospital.

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

Do not use this space.

32991

1. PLACE OF DEATH

County.....
 Township.....
 City St. Louis Mo. (No.....)

Registration District No..... 791
 Primary Registration District No..... 1003

File No.....
 Registered No. 9045 St. Ward

2. FULL NAME Wayne Kohenskey.

(a) Residence, No. 1656 Vassier. St. NR Ward. Wallerston Mo.
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 6 Wks. 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)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 2nd 1934

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
4 9 25

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Child

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) Oklahoma.

13. NAME John Kohenskey.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Oklahoma.

15. MAIDEN NAME Nora Ashworth

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri.

17. INFORMANT Stella Grady. (ADDRESS) 5600 Arsenal St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Claremore Okla 9/29/37

19. UNDERTAKER SULLIVAN Bros (ADDRESS) 2849 No. Euclid Ave

20. FILED SEP 28 1937 J. Brodeck Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 27, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept. 26, 1937, to Sept. 27, 1937

I last saw him alive on Sept 27, 1937 Death is said to have occurred on the date stated above, at 4:00 p.m.

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

Diphtheria

Toxic Myocarditis

Date of onset

9-22-37

Other contributory causes of importance:

10

Name of operation None Date of

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

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) Henry J. Ulrich M. D.

(Address) 5600 Arsenal

OCC 2/2/1

License Contract 292

Engine A Sullivan
License No 2930