

REC'D MAR 24 1938

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

8133

Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis, Mo. Registration District No. 96
 (b) Township _____ Primary Registration District No. _____ Registered No. 291
 (c) City Rush Ngto (d) Street No. St. Mary's Hospital St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Fred Cohrs 620

(a) Residence, No. 3611 a N. Newstead Ave. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 11, 19385A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Cohrs (Ebbert)22. I HEREBY CERTIFY, That I attended deceased from FEB 9 TH, 1938, to FEB 11 TH, 19386. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 1, 1881I last saw him alive on FEB 11, 1938. Death is said

7. AGE YEARS 57 MONTHS 9 DAYS 11 If LESS than 1 day,hrs. ormin.

to have occurred on the date stated above, at 9:05 a.m.

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

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Flour Packer
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

Date of onset

coronary occlusion 4/18 2-11-3812. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 6

Other contributory causes of importance:

coronary atherosclerosis (general) arteriosclerosis (non-lucetic) 17 years13. NAME Unknown 914. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 915. MAIDEN NAME Unknown16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown17. INFORMANT Mrs. Mary Cohrs(ADDRESS) 3611 a N. Newstead Ave.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Calvary DATE Feb. 14, 193819. FUNERAL DIRECTOR Stroot Carroll Und. Co(ADDRESS) 4600 Natural Bridge Ave.20. FILED FEB 12 1938 T.R. Newstead Local Registrar.Name of operation _____ Date of _____
What test confirmed diagnosis? E. K. Was there an autopsy? yes23. 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) Allie J. Mahel, M. D.(Address) 2743 No. Second Pl.

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____

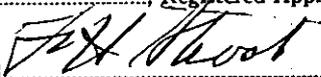
hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____

_____ L. E. _____

No. _____ or by _____ Registered Apprentice No. _____

working under my personal supervision.

Signed



Licensed Embalmer No. 2265

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)