

REC'D MAY 10 1938

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

13156  
Do not use this space.

## 1. PLACE OF DEATH

(a) County St. Louis Registration District No. 791  
(b) Township St. Louis Primary Registration District No. 1003  
(c) City St. Louis (d) Street No. 3760a Potomac St. St. St.  
(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.

Registered No. 37602. PRINT FULL NAME William Koedding 352

(a) Residence, No. 3760a Potomac St. St. 16  
(Usual place of abode, if no street address, write county or city) (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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 4th, 1863.

7. AGE - YEARS 74 MONTHS 7 DAYS 17 IF LESS THAN 1 day, .....hrs. or .....min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. (Unemployed 18 yrs.)  
9. Industry or business in which work was done, as saw mill, bank, etc. Master Mechanic  
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) Germany

13. NAME Jerry Koedding

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Mary Koedding (ADDRESS) 3760a Potomac St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Park Lawn DATE April-25-1938

19. FUNERAL DIRECTOR Wacker-Helderle (ADDRESS) 2331 S. Broadway

20. FILED APR 22 1938 J.F. Brudeck Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April, 21st, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 9, 1938, to April 21, 1938.

I last saw him alive on 4/21, 1938. Death is said

to have occurred on the date stated above, 6.40 P.M.

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

Vraemia

Date of onset

3 days4/18/38

Other contributory causes of importance:

Diabetes mellitus  
Chr. nephritis

Name of operation Urine Bloodtest Date of No  
What test confirmed diagnosis? No Was there an autopsy? No

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) Edw. Simpson, M. D.

(Address) 3729 Gravois ave

