REC'D JUN 9 1938

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

Do not use this space.

16577

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 4438

City St. Louis Mo (No. Christian Hospital St. ..... Ward)

2. FULL NAME Flora Kochendorfer 2 53

(a) Residence, No. 4011 N. 20th St., 26 Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 34 yrs. – mos. – ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
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 Leonhard'd Kochendorfer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2/1/1878

7. AGE: 60 YEARS | MONTHS: 3 | DAYS: 11 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. housework
10. Date deceased last worked at this occupation (month and year) 3/3/38
11. Total time (years) spent in this occupation Married 1903

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Concordia Mo 6

FATHER

13. NAME Henry Lampe 6
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 6

MOTHER

15. MAIDEN NAME Sophia Scheele
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Concordia Mo

17. INFORMANT (ADDRESS) Werna Kochendorfer 4011 N. 20th

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bethlehem Cem DATE 5/16 1938

19. UNDERTAKER (ADDRESS) Suedmeyer & Sons 3934 N. 20th Str.

20. FILED MAY 14 1938 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/12/38, 19

22. I HEREBY CERTIFY, That I attended deceased from Mch 3, 1938, to May 12, 1938

I last saw her alive on May 12, 1938 Death is said to have occurred on the date stated above, at 4:38 P.M.

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

Cerebral hemorrhage 4/30/38 — Date of onset

Other contributory causes of importance:
Mitral regurgitation
Hypertension

Name of operation -- Date of .....

What test confirmed diagnosis? -- Was there an autopsy? .....

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) H. Niehmeyer, M. D.

(Address) 3621 N. 20th Str.

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.

Em blank signed
[illegible]