

LEC 12 1938

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

37182
Do not use this space.

791

1003

Registered No. 9509

1. PLACE OF DEATH

(a) County 2. Registration District No.
(b) Township Primary Registration District No.
(c) City St. Louis, (d) Street No. #3302 Meramec Street 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 Philip H. Koebbe

(a) Residence, No. 3302 Meramec Street St. 15
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 14, 1892
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
46 1 16

1. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 30, 1938 19
2. I HEREBY CERTIFY That I attended deceased from July 10, 1938 to Oct 30, 1938
I last saw him alive on Oct 30, 1938 Death is said to have occurred on the date stated above, at 2.50 P.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. Carpenter
9. Industry or business in which work was done, as saw mill, bank, etc. Unemployed
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.....

Chronic myocardial infarction
12/21
Other contributory causes of importance:
Chronic interstitial nephritis
Name of operation None Date of
What test confirmed diagnosis? release Was there an autopsy? NO

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

FATHER 13. NAME August Koebbe

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

MOTHER 15. MAIDEN NAME Elizabeth Gellenbeck

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

17. INFORMANT Anna Koebbe (ADDRESS) 3302 Meramec Str

18. BURIAL, CREMATION, OR REMOVAL PLACE Beck, Mo. DATE Nov. 2, 1938

19. FUNERAL DIRECTOR (NAME) J. H. Sellen L. & H. Co (ADDRESS) 2812 Meramec Street

20. FILED NOV 1 1938 J. F. Bredeck Local Registrar.

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? 1
If so, specify Joseph P. Moore M. D.
(Signed) Joseph P. Moore (Address) 4209 Virginia

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

Herman A. Gebken

, or by

Registered Apprentice No. ~~2120~~, working under my personal supervision.

Signed

Herman A. Gebken

Licensed Embalmer No. 2120

P. O. Address 2842 Laramie Street

St. Louis, Mo.

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

If this body is not embalmed, above space should be left blank.