

NOV 25 1938

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

37902
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **1008**
(b) Township Primary Registration District No.
(c) City **St. Louis, Missouri.** (d) Street No. **1357a Semple Place.** 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 **78** yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

660 Herman H. Koehrer
(a) Residence, No. **1357a Semple Place.** St. **6**
(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 **Married**
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **March 11, 1860.**
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Mar. 11, 1860**
7. AGE YEARS **78** MONTHS **8** DAYS **13** If LESS than 1 day, hrs. or min.
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.
10. Date deceased last worked at this occupation (month and year) **10 yrs. ago.** 11. Total time (years) spent in this occupation **50 yrs.**
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis, Missouri.**
13. NAME **Fred Koehrer**
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown, Germany.**
15. MAIDEN NAME **Mary Koehrer**
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown, Germany.**
17. INFORMANT **Mrs. Anne Koehrer** (ADDRESS) **1357a Semple Place.**
18. BURIAL, CREMATION, OR REMOVAL PLACE **Cape Girardeau Mo.** DATE **Nov. 27, 1938**

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **November 24, 1938**
22. I HEREBY CERTIFY, That I attended deceased from **Nov 24, 1937,** to **Nov 24, 1938**
I last saw him alive on **Nov 24, 1938.** Death is said to have occurred on the date stated above, at **1:30 p.m.**
The principal cause of death and related causes of importance were as follows:
acute dilatation of heart - no definite heart disease Date of onset **11-24-38**
Other contributory causes of importance: **Hypertrophy of Liver - about cause somewhat**
Name of operation **none** Date of
What test confirmed diagnosis? **usual** 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 **W. W. Koehrer - M. D.** (Signed) **W. W. Koehrer - M. D.** (Address) **4103 Easton San. Mo.**

19. FUNERAL DIRECTOR (NAME) **Albert H. Hoppe Inc.,** (ADDRESS) **4700 Washington Blvd.,**
20. FILED **NOV 25 1938** **J. T. Bredeck** Local Registrar.

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.

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,

....., or by

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

Signed.....

Guy W. Wilkinon

Licensed Embalmer No.....

3575

P. O. Address.....

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.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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37902
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1. PLACE OF DEATH *St Louis*

(a) County *St Louis* Registration District No. *791*

(b) Township *St Louis* Primary Registration District No. *1003* Registered No. *10229*

(c) City *St Louis* (d) Street No. _____

(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 *Herman H. Koehrer*

(a) Residence, No. _____ St. _____ (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *m* 4. COLOR OR RACE *W* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *m*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.

78 8 13

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

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE

19. FUNERAL DIRECTOR (ADDRESS) *J. B. Budick*

20. FILED *JAN 10 1939*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Nov 24 1938*

22. I HEREBY CERTIFY, That I attended deceased from _____ to _____, 19____.

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

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

Other contributory causes of importance:

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? _____

If so, specify (Signed) *W. W. Gilbert*, M. D. (Address) *4103 Easton ave st. Louis*

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state the CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

