

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

177
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
 (b) Township Primary Registration District No. **1003**
 (c) City **St. Louis, Mo.** (d) Street No. **De Paul Hospital** Registered No. **1777**
 (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

Bertha Koehr
 (a) Residence, No. **2144 East Fair Ave.** St. **9**
 (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 **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widowed**
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Fred Koehr**
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **March 18th 1864**
 7. AGE YEARS **77** MONTHS **9** DAYS **15** If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Housework**
 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) **Germany**

FATHER 13. NAME **Adolph Huber**

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

MOTHER 15. MAIDEN NAME **Margaretha Doefel**

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

17. INFORMANT (ADDRESS) **Mrs. Adelaide Fitzpatrick**
3829 Ashland Ave.,

18. BURIAL, CREMATION, OR REMOVAL PLACE **Friedens Cem** DATE **Jan. 6th 1939**

19. FUNERAL DIRECTOR (NAME) (ADDRESS) **Henry Leidner Und.**
1417 N. Market Street

20. FILED **JAN 5 1939** **J. B. Brudner** Local Registrar

NO MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **1/3/39** 19

22. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....
 I last saw him alive on 19..... Death is said to have occurred on the date stated above, at **10:10 P.M.**
 The principal cause of death and related causes of importance were as follows:

Date of onset
Second and Third Degree Burns of the head, shoulder and arms, Contrib; Nephritis; Arterio Sclerosis; suffered when dress of deceased became ignited while cooking at the kitchen stove in her home at 2144 East Fair Avenue, on Dec. 8th, 1938, at about 2:10 P.M.

Other contributory causes of importance:
stove in her home at 2144 East Fair Avenue, on Dec. 8th, 1938, at about 2:10 P.M.

Name of operation Date of
 What test confirmed diagnosis? Was there an autopsy? **No**
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? **Accident** Date of injury **12/8/1938**
 Where did injury occur? **St. Louis, Mo.**
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
In home
 Manner of injury **See Above**
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased? **No**
 If so, specify
 (Signed) **Alfred Perry**
 (Address) **St. Louis, Mo.**

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..... *John P. Buchholz*

Licensed Embalmer No. *1474*

P. O. Address *2223 St Louis Ave*

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.