

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

Do not use this space.

7759

**1. PLACE OF DEATH**

County.....

Registration District No. 787

Township.....

Primary Registration District No. ST. LOUIS

City St. Louis (No. City Hospital)

File No. ....

Registered No. 1721

St. .... Ward)

**2. FULL NAME**

(a) Residence, No. 1707<sup>th</sup> no. Bixby Ward. 26  
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 66 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) widowed

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

7. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 21st 1866

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>66</u>	<u>3</u>	<u>27</u>	

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

9. Industry or business in which work was done, as silk mill, 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) St. Louis  
(STATE OR COUNTRY) mo.

13. NAME Adam Bohley

14. BIRTHPLACE (CITY OR TOWN) St. Louis  
(STATE OR COUNTRY) mo.

15. MAIDEN NAME Katherine Kaiser

16. BIRTHPLACE (CITY OR TOWN) St. Louis  
(STATE OR COUNTRY) mo.

17. INFORMANT Hospital information  
(ADDRESS) City Hospital

18. BURIAL, CREMATION, OR REMOVAL

PLACE St. Mathew DATE Feb. 20<sup>th</sup> 1932

19. UNDERTAKER Aug Brockland P.O. Co  
(ADDRESS) 1421 N. 2<sup>nd</sup> St

20. FILED FEB 20 1932 W. C. Stankert  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 17th 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb. 17th 1932 to Feb. 17th 1932

I last saw her alive on Feb. 17th 1932 Death is said to have occurred on the date stated above, at 7:15 PM

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

Lobar Pneumonia  
(left lower)  
106 / 108  
Other contributory causes of importance:

Date of onset

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) Thomase G. Miller M. D.

(Address) City Hospital

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

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