

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

Do not use this space.

1. PLACE OF DEATH

County St. Louis
Township Central
City Clayton, Mo. (No. St. Louis Co. Hosp.)

OCT 24 1934 790.

Registration District No. _____
Primary Registration District No. 6033A

File No. 34044
Registered No. 838
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Florisson, Mo. St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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 OR (OR) WIFE-OF Geo. Aubuchon

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 9, 1867

7. AGE YEARS 67 MONTHS 1 DAYS 19 If LESS than 1 day, _____ hrs. or _____ min.

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) (STATE OR COUNTRY) Florisson Missouri

13. NAME Herman Koester

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

15. MAIDEN NAME Elizabeth Koeller

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

17. INFORMANT (ADDRESS) Herman Koester Florisson, Mo.

18. BURIAL, CREMATION, OR REMOVAL Sacred Heart Cem. DATE Oct. 2, 1934

19. UNDERTAKER (ADDRESS) Jos. W. Clark 425 N. Madison Ave.

20. FILED Oct. 19, 1934 Rott Jambuster Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 29, 1934

22. I HEREBY CERTIFY, That I attended deceased from April 4, 1934 to SEP 29, 1934
I last saw her alive on SEP 28, 1934 Death is said to have occurred on the date stated above, U.S.P.
The principal cause of death and related causes of importance were as follows:

33A
Pulmonary Tuberculosis
Other contributory causes of importance: 29

Myocardial Infarction
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? _____ 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
M.D. specify _____
(Signed) J. J. Millman, M. D.
(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.

STATE OF MISSOURI, COUNTY OF ST. LOUIS, CITY OF CLAYTON, MISSOURI

From history patient has been ill for some time and under the care of Dr. Millmann of Florissant, and sent to St. Louis County hospital and six hours after arriving in the hospital, patient died, Owing to the short time in hospital a complete hospital diagnosis was not made, except for pulmonary involvement and myocardial degeneration.

This patient was of senile age and emaciated to almost skeleton.