

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

Do not use this space.

16393

**1. PLACE OF DEATH**

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City **St. Louis Mo** No. **3817 Sullivan Ave**

File No.....

Registered No. **4463**

St. Ward

**2. FULL NAME** *Charles John Koertel*

(a) Residence. No. **3817 Sullivan Ave** **10** Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

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.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX

*Male*

4. COLOR OR RACE

*White*

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

*Married*

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *Feb. 4<sup>th</sup> 1879*

7. AGE

YEARS

*50*

MONTHS

*2*

DAYS

*10*

If LESS than 1 day, ..... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

*Upholsterer*

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

*St. Louis Mo.*

(STATE OR COUNTRY)

10. NAME OF FATHER

*John Koertel*

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

*Germany*

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

*Eliza Reich*

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

*Germany*

(STATE OR COUNTRY)

14.

INFORMANT

*Olga Koertel*

(Address)

*3817 Sullivan Ave.*

15.

FILED

*17 1929*

*May C. STAMER*

REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

*4*

16. DATE OF DEATH (MONTH, DAY AND YEAR)

*Apr 14 1929*

17.

I HEREBY CERTIFY, That I attended deceased from *Jan 1*

*1927*, to *Apr 14*, 19*29*

that I last saw him alive on *Apr 14*, 19*29*, and that death occurred, on the date stated above, at *8:30 A. M.*

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

*Cerebral hemorrhage (Apoplexy)*  
*13/1 due to high blood pressure,*  
*97* (duration) yrs. mos. *6* ds.  
**CONTRIBUTORY** *Chronic nephritis & arteriosclerosis*  
(SECONDARY)  
*Sclerosis* (duration) *2* yrs. *3* mos. *0* ds.

18. WHERE WAS DISEASE CONTRACTED?

IF NOT, AT PLACE OF DEATH

19. DID AN OPERATION PRECEDE DEATH?

20. WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) *William T. Horvath*, M. D.

*4/15*, 19 *29* (Address) *3508 N. Grand*

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

*Oak Grove Mausoleum*

*April 17, 1929*

20. UNDERTAKER

ADDRESS

*By Leudner Hud Co. N. Market St.*

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.

94  
10  
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