

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

Do not use this space.

**1. PLACE OF DEATH**

County..... Registration District No. **791**  
 Township..... Primary Registration District No. **1003**  
 City St. Louis Mo (No. 4028<sup>2</sup> Sullivan Ave)

File No. **29057**  
 Registered No. **8564**  
 (St. .... Ward)

**2. FULL NAME**

Florence R Koertel  
 (a) Residence. No. 4028<sup>2</sup> Sullivan Ave St. 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Jan 11<sup>th</sup> - 1918</u>		
7. AGE	YEARS	MONTHS
	<u>10</u>	<u>7</u>
		DAYS
		<u>11</u>
		If LESS than 1 day, <u>hr.</u> or <u>min.</u>

**8. OCCUPATION OF DECEASED**

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

Missouri  
 (STATE OR COUNTRY)

**12. MAIDEN NAME OF MOTHER**

Florence Zipp

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

Missouri  
 (STATE OR COUNTRY)

**14.**

INFORMANT John Koertel  
 (Address) 4028<sup>2</sup> Sullivan Ave

**15.**

FILED 21 MAY 1928  
May C Stanley REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 22<sup>nd</sup> 19 28

17. I HEREBY CERTIFY, That I attended deceased from May 26, 1928, to Aug 22, 1928  
 that I last saw b. er... alive on Aug 22, 1928, and that death occurred, on the date stated above, at 7:42 P.M.

**18. THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Acute & Chronic  
Acute Endocarditis & Pericarditis  
 (duration) yrs. 3 mos. da.  
 CONTRIBUTORY (SECONDARY) Acute  
 (duration) yrs. mos. da.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH

**19. DID AN OPERATION PRECEDE DEATH?**

WAS THERE AN AUTOPSY?

**WHAT TEST CONFIRMED DIAGNOSIS?**

(Signed) John Zahradky, M. D.

Aug 23, 19 28 (Address) 576 N. Taylor

\*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 Memorial Aug 25 19 28

**20. UNDERTAKER**

**ADDRESS**

764 Leidner Blvd Co. St. Charles

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

N. B.--Every item of information should be carefully supplied. AGB 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.

