

PLACE OF DEATH

County _____

Township _____

or

Village _____

or

City St. Louis (NO. 2500 N. 9th)

Registration District No. _____

791

File No. 32698

Primary Registration District No. _____

1003

Registered No. 8156

3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number)

FULL NAME Thomas Hoetzner

PERSONAL AND STATISTICAL PARTICULARS

3 MEDICAL CERTIFICATE OF DEATH

SEX <u>Male</u>	COLOR OR RACE <u>White</u>	SINGLE MARRIED OR DIVORCED (Write the word) <u>Widower</u>
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DATE OF DEATH

Sept. 4th, 1911
(Month) (Day) (Year)

DATE OF BIRTH

Dec. 12, 1846
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Aug. 26, 1911, to Sept. 4, 1911,

that I last saw him alive on Sept. 4, 1911,

and that death occurred, on the date stated above, at 4:15 m.

AGE

64 yrs. 8 mos. 22 ds. If LESS than
1 day, ___ hrs. or ___ min. ?

The CAUSE OF DEATH* was as follows:

OCCUPATION

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

Blacksmith 8th St

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

5-41 8th St

Paralysis of left side of body

BIRTHPLACE

(City or town, State or foreign country)

Germany

(Duration) ___ yrs. ___ mos. 9 ds.

Contributory Anaemia

(SECONDARY)

(Duration) ___ yrs. ___ mos. 7 ds.

PARENTS	NAME OF FATHER First name, } not known } <u>Hoetzner</u>
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Germany</u>
	MAIDEN NAME OF MOTHER <u>Not known</u>
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Germany</u>

(Signed) Otto C. Claus M. D.Sept 5, 1911 (Address) 1406 St. Louis av

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ___ yrs. ___ mos. ___ ds. In the State ___ yrs. ___ mos. ___ ds.

Where was disease contracted if not at place of death?

Former or usual residence _____

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Lena Hoetzner(ADDRESS) 2500 N. 9th St

PLACE OF BURIAL OR REMOVAL

Jefferson City Mo

DATE OF BURIAL

Sept 6th, 1911

UNDERTAKER

A. Snow & Co 2826 St. Grand

ADDRESS

Filed

SEP - 5 1911

Max B. Starkloff

REGISTRAR

N. B.—Every item of information furnished is 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.

Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health
Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma*, *Sar-*

coma, etc., of _____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *ictanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)



MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

PLACE OF DEATH

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

County _____ Registration District No. 791 File No. _____
 or _____
 Village _____ Primary Registration District No. 1003 Registered No. 8156
 or _____
 City St. Louis (NO. _____) St.: _____ Ward _____

(If death occurred in a hospital or institution, give its NAME instead of street and number)

FULL NAME Thomas Koetzner

PERSONAL AND STATISTICAL PARTICULARS

SEX M COLOR OR RACE W SINGLE widower
 MARRIED _____
 WIDOWED _____
 OR DIVORCED _____
 (Write the word)

DATE OF BIRTH 12-12, 1846
 (Month) (Day) (Year)

AGE 64 yrs. 8 mos. 22 ds. If LESS than 1 day, ____ hrs. or ____ min.

OCCUPATION (a) Trade, profession, or particular kind of work Blissworth
 (b) General nature of industry, business, or establishment in which employed (or employer) _____

BIRTHPLACE (City or town, State or foreign country) Ger.

NAME OF FATHER Levin Koetzner

BIRTHPLACE OF FATHER (City or town, State or foreign country) Ger.

MAIDEN NAME OF MOTHER Schneerson

BIRTHPLACE OF MOTHER (City or town, State or foreign country) Ger.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Levin Koetzner
 (ADDRESS) 2500 N 9 St.

Filed Nov. 28 1911 G. G. Smodgra REGISTRAR
Dep.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 9-4-, 1911
 (Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from 9-26, 1911, to 9-4, 1911, that I last saw him alive on 9-4, 1911,

and that death occurred, on the date stated above, at 4:30 p.m.

The CAUSE OF DEATH* was as follows:

Paralysis Left Side of body following cerebral hemorrhage of brain
 (Duration) _____ yrs. _____ mos. _____ ds.

Contributory Anaemia
 (SECONDARY) (Duration) _____ yrs. _____ mos. _____ ds.

(Signed) Otto F. Helms M. D.
9-5, 1911 (Address) 1406 St Louis Ave

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.

Where was disease contracted if not at place of death? _____

Former or usual residence _____

PLACE OF BURIAL OR REMOVAL Jefferson City Mo. DATE OF BURIAL 9-6, 1911

UNDERTAKER A. Brun & W. Lee ADDRESS 2826 N Grand

Original file, date 9-5- 1911. All information called for must be written on this Supplementary Certificate.

SUPPLEMENTARY

Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health
Association]

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coma, etc., of _____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsion," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

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