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

Do not use this space.
16414

1. PLACE OF DEATH

County ..... Registration District No. 791
Township ..... Primary Registration District No. 1003
City St Louis Mo (No. 1829 N. Market St. St. ..... Ward)

File No. .....
Registered No. 3008

2. FULL NAME Barney Hoeddinghaus

(a) Residence. No. 1829 N. Market St St., 26 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 18 - 1852

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	74	10	9	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work City Park
(b) General nature of industry, business, or establishment in which employed (or employer) Labor
(c) Name of employer

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

PARENTS
10. NAME OF FATHER Henry Hoeddinghaus
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany.
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Dont know.
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Germany.

14. INFORMANT Harry Hoeddinghaus
(Address) 1829 N. Market St

15. FILED MAR 29 1927 Mark Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 27 1927

17. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
that I last saw h. alive on ....., 19....., and that death occurred, on the date stated above, at 8-30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carbon Monoxide Poisoning (Gas Jet) connecting Gas Heater with Pub. Tube
Accident (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY
(SECONDARY)
..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?

3/28, 1927 (Signed) J. W. Path M.D.
(Address) Deputy Coroner

*State the DISEASE CAUSING DEATH, or if 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 St Peters + Paul — DATE OF BURIAL 3-30-1927

20. UNDERTAKER Roy Leidner Und Co. — ADDRESS 1417 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.

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