

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

Do not use this space.

32316

1. PLACE OF DEATH

County.....
Township.....
City St. Louis (No. Dealness Hospital)

Registration District No. 791
Primary Registration District No. 1003

File No.
Registered No. 9732 St. Ward)

2. FULL NAME

Fred Hohmeier

(a) Residence. No. 4042 N. 23rd St., 20 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 Married

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

Charlotte Hohmeier

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 9/22/1867

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
60 1 7

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Machine Worker
(b) General nature of industry, business, or establishment in which employed (or employer) L. B. Furniture Co.
(c) Name of employer

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

10. NAME OF FATHER Fred Hohmeier

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Eldabine Unger

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Germany
(STATE OR COUNTRY)

14. INFORMANT Mrs. Charlotte Hohmeier
(Address) 4042 N. 23rd Street

15. FILED 31 1927 Max B. Starrett
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2 16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 29 1927

17. I HEREBY CERTIFY, That I attended deceased from Sept 21, 1927, to Oct 28, 1927, that I last saw him alive on Oct 28, 1927, and that death occurred, on the date stated above, at 5:27 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Coroner of the Stomach
46^B 440
(duration) yrs. 6 mos. ds.

CONTRIBUTORY (SECONDARY) none
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH... at plant of death

1 DID AN OPERATION PRECEDE DEATH... no DATE OF Sept 21-27

WAS THERE AN AUTOPSY... no

WHAT TEST CONFIRMED DIAGNOSIS... Operations findings
(Signed) James J. Bully, M. D.
(Address) 6125² B. Street

*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 Zion DATE OF BURIAL Oct 31 1927

20. UNDERTAKER Provoost Und Co ADDRESS 3710 9th Grand

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.

WHITE PAPER, WITH UNFADING INK—THIS IS A PERMANENT RECORD

