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.

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

Do not use this space.

6320

MAR 26 1928

1. PLACE OF DEATH

County St. Louis — Registration District No. 1160 — File No. 8

Township Central — Primary Registration District No. 4470 — Registered No.

City University (No. 6540 Julian Ave St. Ward)

2. FULL NAME Margarette Hohlt

(a) Residence. No. 6540 Julian Ave St., Ward. (If nonresident give city or town and State)
(Usual place of abode)

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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 7, 1851

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
76	2	25	

8. OCCUPATION OF DECEASED

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

(b) General nature of industry, business, or establishment in which employed (or employer): At. Home

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Okerville
(STATE OR COUNTRY) Ills.

PARENTS

10. NAME OF FATHER John Patri

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Mrs William Moehlen Camp
(Address) 6540 Julian Ave

15. FILED 2-3, 1928 Lillian Bruns REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 2 1928

17. I HEREBY CERTIFY, That I attended deceased from Sept 15, 1927 to Feb 2, 1928 that I last saw her alive on Feb 1, 1928, and that death occurred, on the date stated above, at 12.45 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Nephritis
131
92A (duration) 10 yrs. — mos. — ds.

CONTRIBUTORY (SECONDARY) Mitral Regurgitation (duration) 4 yrs. — mos. — ds.

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

DID AN OPERATION PRECEDE DEATH? No DATE OF —

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Physical Exam

(Signed) J. P. Kim, M.D.

Feb 3, 1928 (Address) 2033 Lynch St.

*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: New St. Marcus Cemetery — DATE OF BURIAL: Feb 5 1928

20. UNDERTAKER: W. W. McLaughlin — ADDRESS: 1631 MO. AV