

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

Do not use this space.

6876

**1. PLACE OF DEATH**

County.....

Registration District No. 791

File No. 1835

Township.....

Primary Registration District No. 1003

Registered No. 1835 Word

City St. Louis Mo.

St. St. John

**2. FULL NAME**

Walter Hoyt

(a) Residence. No. .... St. 12 Ward. Festus Mo.  
(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 2 da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (with the word) Married

5A. If MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary V. Coat

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 20 1883

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
44 9 29

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

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

10. NAME OF FATHER Geo. Coat

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

12. MAIDEN NAME OF MOTHER Josephine Hoop

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

14. INFORMANT (Address) Mrs. Mary Coat Festus Mo.

15. FILED FEB 20 1923 May C. Starceoff REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 19 1928

17. I HEREBY CERTIFY, That I attended deceased from 2/18/28 to 2/18/28, 1928, that I last saw him alive on 2/18/28, 1928, and that death occurred, on the date stated above, at 5 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Septic Pneumonia  
1928  
St. Louis  
(duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY) Weakness of Blood Stream following influenza - hand  
(duration) yrs. mos. da.

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

2. DID AN OPERATION PRECEDE DEATH? yes DATE OF 2/18/28

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Blood Culture

(Signed) Chas. W. Miller, M. D.  
2/19/28 (Address) 1035 Mission

\*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 Festus Mo DATE OF BURIAL 7-20-1928

20. UNDERTAKER Reister & Vandyack ADDRESS Festus Mo

PARENTS

70

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

ALL INFORMATION CALLED  
FOR MUST BE WRITTEN ON  
THIS SUPPLEMENTARY.

**1. PLACE OF DEATH.**

County..... Registration District No. 791 File No. ....  
Township. St. Louis Primary Registration District No. 1003 Registered No. 1825  
City St. Louis (No. ....) St. .... Ward)

**2. FULL NAME**

(a) Residence. No. Walter Vogt St. .... Ward. Pestus Ind.  
(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 M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) M.

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

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

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

**8. OCCUPATION OF DECEASED**

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

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

10. NAME OF FATHER

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

12. MAIDEN NAME OF MOTHER

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

**14.**

INFORMANT (Address)

15. FILED APR - 9 1931 may 6 Starkey REGISTAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2-19 19 28

17. I HEREBY CERTIFY, That I attended deceased from ..... 19....., to ..... 19....., and that I last saw him ..... after on ..... 19....., and that death occurred, on the date stated above, at..... m.

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

*from cutting hand on Furnace  
No. 4 information given over phone  
by Dr. W. Miller, Div. of W.S.  
4-6-28 (duration) yrs. mos. ds.  
CONTRIBUTORY Infection of blood stream  
(SECONDARY) allowing infection - hand  
(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

(Signed) ..... M. D.  
, 19 (Address)

\*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

20. UNDERTAKER ADDRESS

**SUPPLEMENTARY**

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

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