AUG 21 1928

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

Do not use this space.

1. PLACE OF DEATH
County Buchanan — Registration District No. 85 — File No. 23019
Township — Primary Registration District No. 1001 — Registered No. 822
City St Joseph (No. 816, N 6th St. Ward)

2. FULL NAME John M Hochstedler
(a) Residence. No. 816 North 6th St., 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.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lyda Ann
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 25 1851
7. AGE Years 76 Months 9 Days 11 If LESS than 1 day, ... hrs. or ..... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer
9. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Ohio

PARENTS
10. NAME OF FATHER Jacob Hochstedler
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown (STATE OR COUNTRY) Ohio
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown (STATE OR COUNTRY)

14. INFORMANT A. J. Hochstedler (Address) 816 N 6th
15. FILED 6 1928 19 John G. Utz REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 6 1928
17. I HEREBY CERTIFY, That I attended deceased from July 5, 1928, to July 6th, 1928 that I last saw him alive on July 5, 1928, and that death occurred, on the date stated above, at 5 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Hemoplegia of Left side of Brain Cause unknown
8 2 D (duration) yrs. mos. 2 ds.
CONTRIBUTORY (SECONDARY) 75 (duration) 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? Clinical
(Signed) J. T. Stanley, M. D
7/6, 1928 (Address) 2624 St Joseph ave

*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 George Iowa — DATE OF BURIAL 7/7 1928
20. UNDERTAKER Fleeman Funeral Home — ADDRESS 1208 Francis