

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

Do not use this space.

28356

1. PLACE OF DEATH

County St. Louis Registration District No. 784 File No. \_\_\_\_\_  
Township St. Ferdinand Primary Registration District No. 6030 Registered No. \_\_\_\_\_  
City (No. 8450 Jennings Rd) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Mr. Hochstet  
(a) Residence. No. 8450 Jennings Rd. St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) (If nonresident give city or town and State)  
Length of residence in city or town where death occurred 2 yrs. - — mos. - — ds. How long in U.S., if of foreign birth? 70 yrs. - — mos. - — ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 5 1846

7. AGE YEARS MONTHS DAY If LESS than 1 day, hrs. or min.  
82 6 24

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired Taylor  
(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) Germany

10. NAME OF FATHER Unknown

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) Germany

14. INFORMANT (Address) Hilda Kuhn  
8450 Jennings Rd

15. FILED 8-30-28 O. N. Schindler REGISTRAR

1 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 8/29 1928

17. I HEREBY CERTIFY That I attended deceased from 8/8 1928, to 8/29 1928 that I last saw him alive on 8/29 1929, and that death occurred, on the date stated above, at 8:40 a.m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Heart Phlegia

CONTRIBUTORY (SECONDARY)

150

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?

(Signed) Frank K. Down, M. D.

8/29, 1928 (Address) Foodfellows Blosscut

\*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

Mo. Crematory DATE OF BURIAL 8-31-28

20. UNDERTAKER W. Schumacher ADDRESS 3013

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.

