

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

Do not use this space.

8316

1. PLACE OF DEATH

County.....

Registration District No. 791
2003

File No.

Township.....

Primary Registration District No.

Registered No. 1968

City St Louis Mo (No. 2314 A, Salena St)

St. Ward)

2. FULL NAME Nelson B. Hoerner

(a) Residence No. St. 13 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Married

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 11th 1929

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

17. I HEREBY CERTIFY, That I attended deceased from Feb 7, 1929, to Feb 11, 1929 that I last saw him alive on Feb 9 1929 and that death occurred, on the date stated above, at 10:30 A. M.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 5th 1906

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
23 - 6

Leban Pneumonia
10th (duration) yrs. mos. da.

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

CONTRIBUTORY (SECONDARY) 1010
(duration) yrs. mos. da.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis Mo

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

10. NAME OF FATHER Bernard Hoerner

D DID AN OPERATION PRECEDE DEATH? NO DATE OF.....
WAS THERE AN AUTOPSY? NO

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

WHAT TEST CONFIRMED DIAGNOSIS.....
(Signed) J. M. Burger, M. D.

12. MAIDEN NAME OF MOTHER Hennietha Schmidt

Feb 11, 1929 (Address) 2134 Grand A

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

*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.

14. INFORMANT Virginia Hoerner
(Address) 2314 A Salena

19. PLACE OF BURIAL, CREMATION, OR REMOVAL St Peter & Passy DATE OF BURIAL Feb 14 1929

15. FILED W. C. Starkey
REGISTRAR

20. UNDERTAKER J. H. Johnson L. & Co. ADDRESS 2628 Grand

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. AGE should be stated EXACTLY. PHYSICIANS should state nature of ceremony performed. AGE should be properly classified. Exact statement of OCCUPATION is very important.

28

