

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

Do not use this space.

12125

1. PLACE OF DEATH

County St. Louis
Township Meramec
City (No. _____) _____

Registration District No. 785
Primary Registration District No. 6032

File No. _____
Registered No. 56
St. _____ Ward _____

2. FULL NAME

Albert Hoeltge

(a) Residence. No. Glencoe, Mo. Ward. _____
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 68 yrs. mos. ds. How long in U.S., if of foreign birth? 68 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or wife of)
Laura Hoeltge

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 28-1852

7. AGE	YEARS	MONTHS	DAY	IF LESS than 1 day, _____hra. or _____min.
	<u>76</u>	<u>11</u>	<u>12</u>	

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)

(STATE OR COUNTRY) Germany

10. NAME OF FATHER

Wm Hoeltge

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 Mrs Laura Hoeltge
(Address) Glencoe, Mo RR#17

15.

FILED 4/10, 29 C. E. Barnett MD
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar-20 1929

17. I HEREBY CERTIFY, That I attended deceased from Mar 11/29 to Mar 20, 1929, and that I last saw him alive on Mar 19, 1929, and that death occurred, on the date stated above, at 9:15 - P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Angina Pectoris 131
94A
118E
(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY) Chronic Nephritis and
Bastratis (duration) 6 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?

(Signed) Robert Terry, M. D.

3/21, 19-29 (Address) Chatterfield 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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Antioch Cem. Orrville Mo. March 23, 1929

20. UNDERTAKER

ADDRESS

Schradel Und, Co Ballwin Mo

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.

1929

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IMPROVEMENT RECORD

THIS IS A

