3679

MAY 2 1929

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

Do not use this space.

12255

1. PLACE OF DEATH

County ..... Registration District No. 1170 File No. .....

Township ..... Primary Registration District No. 62488 Registered No. 87

City ~~St. Louis~~ Richmond Hts, Mo. St. Mary's Hospital. St. ..... Ward)

2. FULL NAME Dina Hock.

(a) Residence. No. 3972 Dover Place, St., 1 Ward. St Louis, 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. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
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: Sebastian Hock.

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Dec, 3, 1859.

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
69	3	21	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: At Home.
(b) General nature of industry, business, or establishment in which employed (or employer): 235
(c) Name of employer:

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany. 10

PARENTS

10. NAME OF FATHER: Dont Know.
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Dont Know. 31
12. MAIDEN NAME OF MOTHER: Dont Know.
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Dont Know. 31

14. INFORMANT: Lawrence Hock
(Address) 3972 Dover Place

15. FILED 3/27/29 E. L. Jensen REGISTRAR

MEDICAL CERTIFICATE OF DEATH 3/24

16. DATE OF DEATH (MONTH, DAY AND YEAR): March 24th 1929

17. I HEREBY CERTIFY, That I attended deceased from March 1st, 1929, to March 24, 1929 that I last saw her alive on March 24th, 1929 and that death occurred, on the date stated above, at 10 20 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: 5 40 20 PM

Diabetes Mellitus. 108

(duration) 5 yrs. — mos. — ds.

CONTRIBUTORY (SECONDARY): Lobar Pneumonia. —

(duration) — yrs. — mos. 15 ds.

18. WHERE WAS DISEASE CONTRACTED —
IF NOT AT PLACE OF DEATH? —
DID AN OPERATION PRECEDE DEATH? No DATE OF —
WAS THERE AN AUTOPSY? —
WHAT TEST CONFIRMED DIAGNOSIS? Urinalysis. —

March (Signed) Albert Beisbarth, M. D.
25th, 1929 (Address) 3548 S. Grand

*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: SS. Peter & Paul Cemetery.
DATE OF BURIAL: Mar. 27 1929

20. UNDERTAKER: J. H. Gebken L. & U. Co.
ADDRESS: 2842 Meramec

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.