

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

Do not use this space.

12420

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 1003
 City St. Louis (No.) St. Ward)

File No.
 Registered No. 2341

2. FULL NAME

Henry Hoch
 (a) Residence. No. 4235 Lee ave St. 10 Ward.
 (Usual place of abode)

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. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 8th 1872

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
56 - 10 25

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Clerk in Shipping Dept
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer Mound Leather Basket Co

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

PARENTS

10. NAME OF FATHER Casper Hoch

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER not known

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Germany
 (STATE OR COUNTRY)

14. INFORMANT Mrs Anna Hoch
 (Address) 4235 Lee ave

15. FILED May C Standley REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3/5 1929

17. I HEREBY CERTIFY That I attended deceased from 11/21/29 to 3/5/29 that I last saw him alive on 3/5/29 at 8:00 a.m. and that death occurred, on the date stated above, at 8:00 a.m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Stricture of Oesophagus (non malignant)
 (duration) yrs. mos. ds. 2

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH, DID AN OPERATION PRECEDE DEATH DATE OF

WHAT TESTS WERE MADE (Signed) Chris Pratt, M. D.
3/5 1929 Address 3903 Lee C

*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

Calvary Cem
 20. UNDERTAKER Edward Hoch

DATE OF BURIAL

March 8th 1929
 ADDRESS 3514 1/2 N. D.

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.

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

My mother

