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

Do not use this space.

12553

File No. 3078

Registered No.

1. PLACE OF DEATH

County

Registration District No. 791

Township

Primary Registration District No. 1000

City St. Louis, Mo (No. Baptist Hosp St. Ward)

2. FULL NAME John Hoehn

(a) Residence No. 5540 Nat. Bridge St., 6 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. ds. How long in U.S., if of foreign birth? 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): Ida Hoehn

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Dec. 24, 1865

7. AGE: Years 63 | Months 2 | Days 13 | If LESS than 1 day, hrs. or min.

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

9. BIRTHPLACE (CITY OR TOWN): New Madrid
(STATE OR COUNTRY): Mo.

PARENTS

10. NAME OF FATHER: Peter Hoehn

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)

14. INFORMANT: Eva Hoehn.
(Address): 5540 Nat. Bridge

15. MAR 12 1929 FILED, 19 Mae Farley REGISTRAR

MEDICAL CERTIFICATE OF DEATH 3

16. DATE OF DEATH (MONTH, DAY AND YEAR): 3/9 1929

17. I HEREBY CERTIFY, That I attended deceased from Mar 1, 1929, to Mar 9, 1929, that I last saw him alive on 3/9, 1929, and that death occurred, on the date stated above, at 7 PM m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Lobar Pneumonia

1210
1070 (duration) yrs. mos. 10 ds.

CONTRIBUTORY (SECONDARY): Acute Appendicitis
(duration) yrs. mos. 7 ds.

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

DID AN OPERATION PRECEDE DEATH? yes. DATE OF 3/2

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS? Lab

(Signed) H. L. Morse, M. D.
8/11, 1929 (Address) University Club Bld

*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: Lions Cemetery | DATE OF BURIAL: 3/12/1929

20. UNDERTAKER: Bergsoch Mfg. Co. | ADDRESS: 3661 Washington Blvd

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.

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