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.

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

Do not use this space.

13103

1. PLACE OF DEATH

County ..... Registration District No. 791 ..... File No. 13103

Township ..... Primary Registration District No. 100 ..... Registered No. 3661

City St. Louis Mo. (No. Luthern Hospital. St. ..... Ward)

2. FULL NAME Louis Hogrefe

(a) Residence. No. Chester, Ill. St., 24 Ward. Chester Ill.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 16 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 5, 1878

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	51	0	18	

8. OCCUPATION OF DECEASED 194B
(a) Trade, profession, or particular kind of work Farmer 167
(b) General nature of industry, business, or establishment in which employed (or employer) 111A
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Breman
(STATE OR COUNTRY) Ill.

PARENTS

10. NAME OF FATHER Fritz Hogrefe

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

12. MAIDEN NAME OF MOTHER Elsa Stallman

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

14. INFORMANT H. F. Hogrefe
(Address) Chester, Ill.

15. FILED 25 1929 Max C. Harkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

5

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 23, 1929

17. I HEREBY CERTIFY, That I attended deceased from 3-7-29, 19..., to 3-23-29, 19..., that I last saw him alive on 3-22-29, 19..., and that death occurred, on the date stated above, at 11 P. 30 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Lobar Septic Pneumonia (Embolic) Left lower lobe
101A (duration) ..... yrs. ..... mos. 7 ds.

CONTRIBUTORY (SECONDARY) Streptococcic infection left Hand from running a splinter in his hand accident (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED 53
IF NOT AT PLACE OF DEATH at Home
2 DID AN OPERATION PRECEDE DEATH? yes DATE OF 3-8-29
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? clinical & operative
(Signed) Leo H. Hauser, M. D.
3/23, 1929 (Address) 3651 Delmar

*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
Chester, Ill.	3/26/ 1929

20. UNDERTAKER	ADDRESS
A. F. Schaak	Steelville Ill

1
2
2
10

DR. H.A.Hanser
365I Delmar
Jeff. 4442

1 P.M.