

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

Do not use this space.

38529

1. PLACE OF DEATH

County..... Registration District No. 701
 Township St Louis Mo Primary Registration District No. Lambert
 City St Louis Mo (No. 904)

File No. 10924
 Registered No. 10924
 St. _____ Ward _____

2. FULL NAME

(a) Residence. No. _____ St. 29 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Oct 13th 1869</u>		
7. AGE <u>60</u>	YEARS —	MONTHS —
	DAYS <u>25</u>	IF LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work. <u>at Home</u> (b) General nature of industry, business, or establishment in which employed (or employer). (c) Name of employer.		

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

10. NAME OF FATHER Gerhard Hoennmeyer

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

12. MAIDEN NAME OF MOTHER Kath. Schwenker

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

14. INFORMANT. George Olges
 (Address) 908 Shendroads

15. FILED NOV 18 1929
 19 _____
Max C. Stanley
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 7th 1929
 17. I HEREBY CERTIFY, That I attended deceased from Aug 3rd 1929, to Nov 7th 1929, that I last saw h. alive on Nov 6th 1929, and that death occurred, on the date stated above, at 12 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Ch. Cause of Tuberculosis
400
131
45 131 131
Unknown (duration) yrs. mos. da.
 CONTRIBUTORY (SECONDARY) Chronic nephritis
Unknown (duration) yrs. mos. da.

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? clinical
 (Signed) Bernad Block M. D.
 , 19 (Address) 3527 Orage St. Louis

*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 St Peter & Pauls C. DATE OF BURIAL Nov. 11th 19

20. UNDERTAKER Wicklen L & Co. ADDRESS 2628 Brown

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.

10-1-162

Dr. Wood
Neward & Boston