

TE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

MAR 28 1930

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

Do not use this space.

6306

1. PLACE OF DEATH

County St. Louis
Township Central
City University City (No. 6756 Bartmer Ave)

Registration District No. 1160
Primary Registration District No. 4470

File No. _____
Registered No. 10
St. _____ Ward _____

2. FULL NAME Oda J. Hohle

(a) Residence. No. 6756 Bartmer St. _____ 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 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 Justus Hohle

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1867-9-1

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
62 5 0

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) at home
(c) Name of employer _____

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

10. NAME OF FATHER Unknown

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Bladen Marie Roussell
(Address) 6756 Bartmer Ave

15. FILED 2-3 1930 Lena V. Mueller REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 1 19 30

17. I HEREBY CERTIFY, That I attended deceased from August, 1929, to Feb. 1, 1930, that I last saw him alive on Jan. 31, 1930, and that death occurred, on the date stated above, at 8.45 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pernicious Anaemia
127A
71A (duration) yrs. 6 mos. _____ ds.

CONTRIBUTORY (SECONDARY) Biliary fistula of 30 yrs standing
(duration) yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED 124W
IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS usual clinical
(Signed) Dr. Edwin Meisenbach, M. D.

, 19 _____ (Address) Marina Bldg of 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 Oak Grove Mausoleum DATE OF BURIAL 2-4 1930

20. UNDERTAKER Alexander & Sons ADDRESS 6175 Delmar

Delmar 6 2319.

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306 No Grand. 11 to 1 = 4 to 5