APR 30 1930

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

Do not use this space.

9957

1. PLACE OF DEATH
County St Charles Mo. Registration District No. 757 File No.
Township Primary Registration District No. 3036 Registered No. 55
City St Charles (No. St Josephs Hospital St. Ward)

2. FULL NAME Victor Hoecker
(a) Residence. No. 917 S. 5th 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.

8

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 24th 1912

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	18	0	5	

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

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

PARENTS
10. NAME OF FATHER Henry Herman Hoecker
11. BIRTHPLACE OF FATHER (CITY OR TOWN) St Paul
(STATE OR COUNTRY) Mo
12. MAIDEN NAME OF MOTHER Josephine Polklas
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St Charles County
(STATE OR COUNTRY) Mo

14. INFORMANT Henry Hoecker
(Address) 917 S. 5th St Charles Mo

15. FILED 4/1, 1930 Hy. G. Bloebaum
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 29th 1930

17. I HEREBY CERTIFY, That I attended deceased from Mch 21, 1930 to March 29, 1930 that I last saw him alive on ....., 19...., and that death occurred, on the date stated above, at 8 45 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Streptococcic Meningitis following ear infection
89A
7 14 (duration) ....yrs. ....mos. 14 ds.

CONTRIBUTORY (SECONDARY) 86A
(duration) ....yrs. ....mos. ....ds.

18. WHERE WAS DISEASE CONTRACTED
8 IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) [signature]; M. D.
, 19 (Address) St Charles Mo

*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
St Peters Cemetery St Charles	April 1st 1930
20. UNDERTAKER H. C. Dallmeyer & Sons Co.	ADDRESS 800 N. Second St St Charles Mo

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.