

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

Do not use this space.

10292

**1. PLACE OF DEATH**

County..... Registration District No. 791  
 Township..... Primary Registration District No. 10233  
 City St. Louis (No. 6527 Michigan Ave.) St. .... Ward)

File No. ....  
 Registered No. 2261

**2. FULL NAME** George Hoerber

(a) Residence. No. 6527 Michigan Ave. 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 7 1864

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
65 2 25

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Teacher Parochial School  
 (b) General nature of industry, business, or establishment in which employed (or employer)  
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) New York  
 (STATE OR COUNTRY)

10. NAME OF FATHER John Hoerber

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

12. MAIDEN NAME OF MOTHER Barbara Unknown

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

14. INFORMANT Hulda Hoerber  
 (Address) 6527 Michigan Ave

15. FILED 45 19 Mar 5 1930 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 2 1930 19

17. I HEREBY CERTIFY, That I attended deceased from Oct 31, 1929 to March 2, 1930 that I last saw him alive on March 1, 1930, and that death occurred, on the date stated above, at 5:45 A.M.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Chronic degenerative myocarditis  
930

(duration) 1 yrs. — mos. — ds.  
 CONTRIBUTORY (SECONDARY) 900

(duration) yrs. mos. ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH

0 DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

**WHAT TEST CONCERNED DIAGNOSIS?**

(Signed) William O. Winter M. D.  
Mar 3 1930 (Address) 3325 S. Grand

\*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 Trinity Luth. Cemetery DATE OF BURIAL 3/5 1930

20. UNDERTAKER Thos. R. Reidenwider ADDRESS St. Louis

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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