

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

Do not use this space.

31333

1. PLACE OF DEATH

County.....

Registration District No. **701**
1003

File No.....

Township.....

Primary Registration District No.

Registered No. **8933**

City **St. Louis** (No. **City Hospital** St. Ward)

2. FULL NAME

Balazs Hoernlein (HOERNWEIN)

(a) Residence. No. **4519 Cambark St.** 10 Ward. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred **79** yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Sept 12 1930**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Fredrick Hoernlein**

17. I HEREBY CERTIFY, That I attended deceased from **Sept 12, 1930**, to **Sept 12, 1930** that I last saw **him** alive on **Sept 12, 1930** and that death occurred, on the date stated above, at **1:30 P.M.**

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Jan 5 - 1851**

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS IT LESS than 1 day, hrs. or mins. **79** **8** **7**

Chronic Myocarditis
131
93C

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

CONTRIBUTORY (SECONDARY) **Ch. Nephritis** (duration) yrs. mos. ds.

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

18. WHERE WAS DISEASE CONTRACTED **1290** IF NOT AT PLACE OF DEATH DID AN OPERATION PRECEDE DEATH? DATE OF WAS THERE AN AUTOPSY? **No**

10. NAME OF FATHER **Henry Lang**

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

12. MAIDEN NAME OF MOTHER **unknown**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis**

WHAT TEST CONFIRMED DIAGNOSIS (Signed) **Joseph T. Maher** M. D. 9/12, 1930 (Address) **City Hospital**

14. INFORMANT (Address) **John Maher** **City Hospital**

*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.

15. **SEP 13 1930** **May C. Starnes** REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL **Valhalla** DATE OF BURIAL **Sept 15 1930**

20. UNDERTAKER **A. Krown & Co** ADDRESS **2707 Grand**

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.

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