

NOV 21 1930

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

Do not use this space.

32200

1. PLACE OF DEATH

County... Buchanan.....
Township.....
City... St. Joseph.....

Registration District No. 33
Primary Registration District No. 1001
(No. 124 Cherokee Street)

File No.
Registered No. 1173.....
St. Ward)

2. FULL NAME Anna Hochenauer

(a) Residence, No. 124 Cherokee Street..... St., Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S., if of foreign birth? 46 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF John Hochenauer
(OR) WIFE OF

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

March 7, 1862

7. AGE

YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
<u>68</u>	<u>7</u>	<u>22</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work... House-wife

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer Own Home

9. BIRTHPLACE (CITY OR TOWN)

Wissen Tyrol

(STATE OR COUNTRY)

Austria

10. NAME OF FATHER

Andrew Bichler

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Unknown

(STATE OR COUNTRY)

Germany

12. MAIDEN NAME OF MOTHER

Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Unknown

(STATE OR COUNTRY)

Germany

14.

INFORMANT... John Hochenauer
(Address) 124 Cherokee St. - St. Joseph Mo.

15.

FILED 30 1930 19.....
John G. [Signature]
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from Potosi 28, 1930, to Potosi 29, 1930, that I last saw h. alive on Potosi 29, 1930, and that death occurred, on the date stated above, at 11/30 A.....m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

87 A
Embolic Hemorrhage

CONTRIBUTORY (SECONDARY) Acute Gastritis

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.

Oct. 30 1930 (Address) 109 1/2 78 St. Joseph 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

Mt. Olivet Cemetery

DATE OF BURIAL

Nov. 3 1930

20. UNDERTAKER

H. O. Sidenfaden

ADDRESS

1802 Union St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state EXACTLY. AGE should be stated EXACTLY. Every item of information should be carefully supplied.

NOV 30 1930

