

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

2742

File No. 40  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

1. PLACE OF DEATH  
County St. Louis Registration District No. 785  
Township Meramec Primary Registration District No. 6032  
City \_\_\_\_\_ (No. \_\_\_\_\_)

2. FULL NAME Ernest Hoerle  
(a) Residence. No. Albion No 00R #1 St. 1 Ward \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 20 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) Minnie Bartold  
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb-14-1860  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
70 10 23  
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Retired farmer  
(b) General nature of industry, business, or establishment in which employed (or employer) General farm  
(c) Name of employer work on own farm

9. BIRTHPLACE (CITY OR TOWN) Franklin Co  
(STATE OR COUNTRY) Mo

10. NAME OF FATHER Justus Hoerle  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany  
(STATE OR COUNTRY) 10  
12. MAIDEN NAME OF MOTHER Minnie Hlab  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Germany  
(STATE OR COUNTRY)

14. INFORMANT A. Bartold  
(Address) Nollan, Mo

15. FILED 1-11, 1931 C. E. Barnett M.D.  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan-7-1931  
17. I HEREBY CERTIFY, That I attended deceased from Jan 3, 1931, to Jan 7, 1931, that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred, on the date stated above, at 2:15 - P. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Lobar Pneumonia  
108  
(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 4 ds.  
CONTRIBUTORY (SECONDARY) 108  
(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
18. WHERE WAS DISEASE CONTRACTED \_\_\_\_\_  
IF NOT AT PLACE OF DEATH \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? no  
WHAT TEST CONFIRMED DIAGNOSIS  
(Signed) Frank Suedjes, M. D.  
Jan 9, 1931 (Address) Bellwin 7116

\*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 Memorial Park Cem. DATE OF BURIAL Jan-10-1931  
ADDRESS \_\_\_\_\_

20. UNDERTAKER Schradel Und. Co Bellwin, 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.

FEB 23 1931

PARENTS

