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.

MAY 27 1931

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

Do not use this space.

15486

1. PLACE OF DEATH

County St. Louis — Registration District No. 785 — File No.

Township Meramec — Primary Registration District No. 6032 — Registered No. 107

City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME John Hoehne

(a) Residence. No. Glencoe, Mo RR#1 ~~St.~~ ..... Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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~~ Rosa (Mirtz) Hoehne

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan-28-1862

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	69	2	13	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer 1
(b) General nature of industry, business, or establishment in which employed (or employer) Own farm
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Des Peres, Mo 1
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER John Hoehne
11. BIRTHPLACE OF FATHER (CITY OR TOWN) 2
(STATE OR COUNTRY) New York
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) 1
(STATE OR COUNTRY) Unknown

14. INFORMANT John Hoehne Jr
(Address) Glencoe, Mo-RR#1.

15. FILED 4/13, 1931 C. E. Barnett M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH 2

16. DATE OF DEATH (MONTH, DAY AND YEAR) April-11- 1931

17. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1930, to April 11, 1931 that I last saw him alive on April 9, 1931, and that death occurred, on the date stated above, at 4:10 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Apoplexy
(duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (SECONDARY) Arteriosclerosis
(duration) 1 yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH .....
DID AN OPERATION PRECEDE DEATH? ..... DATE OF (1)
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) Frank Sandfos, M. D.
April 13, 1931 (Address) Ballwin 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 Louis Cem - Ellisville Mo	Apr 14 1931

20. UNDERTAKER	ADDRESS
Schrader U. Co	Ballwin Mo