

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

Do not use this space.

15711

1. PLACE OF DEATH

County.....

Registration District No.

Township.....

Primary Registration District No.

City *St. Louis* No. *4187 - Burgin Ave*

File No.

Registered No. *4156*

St. Ward)

2. FULL NAME

(a) Residence. No. *4187 - Burgin Ave 158* 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

Female

4. COLOR OR RACE

White

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

Widow

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

George Hochble

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

Oct. 3 - 1856

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, hrs. or min.

74

6

1

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Housework

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

235

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Ohio

10. NAME OF FATHER

John Servers

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)

Germany

14. INFORMANT

(Address)

*Ludvia Hochble
4187 - Burgin Ave*

15. FILED

19

*APR - 5 1931
Wacker Helderle*

REGISTRAR

4 MEDICAL CERTIFICATE OF DEATH

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

Apr 4 1931

17.

I HEREBY CERTIFY, That I attended deceased from *Jan 8th*, 19*31* to *April 4th*, 19*31* that I last saw her alive on *April 3rd*, 19*31* and that death occurred, on the date stated above, at *235* m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of intestines, bladder and stomach

CONTRIBUTORY (SECONDARY)

Senility

46B (duration) *53* yrs. *5* mos. *ds.*

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? NO DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS *Clinical*

(Signed) *John H. Boucree*, M. D.

Apr 4, 1931 (Address) *5005a Gravois Ave.*

*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

Sunset Burial Park

Apr 6 1931

20. UNDERTAKER

ADDRESS

Wacker Helderle

2331 S Bluff

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.

