

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

Do not use this space.

24787

1. PLACE OF DEATH

County *St. Louis*

Registration District No. *3182001*

File No. *563*

Township *Springfield No. 4*

Primary Registration District No. *PR. R. H. 4*

Registered No. *563*

St. *St. Louis* Ward *4*

2. FULL NAME

(a) Residence, No. *1244 1/2*

(Usual place of abode)

St. *St. Louis*

Ward. *4*

(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 (write the word) *Single*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Oct 29 - 1902*

7. AGE

YEARS *28*

MONTHS *8*

DAYS *27*

If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *at home*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *at home*

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *St. Louis, Mo.*

MOTHER FATHER

13. NAME *Edward Hoeger*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *St. Louis, Mo.*

15. MOTHER'S NAME *Julia Balmon*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *St. Louis, Mo.*

17. INFORMANT (ADDRESS) *Paul Hoeger*

18. BURIAL, CREMATION, OR REMOVAL PLACE *St. Mary's*

19. UNDERTAKER (ADDRESS) *Herbert D. Schmeider*

20. FILED *7-30*

19*31*

For Sharp

Registrar.

MEDICAL CERTIFICATE OF DEATH

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21. DATE OF DEATH (MONTH, DAY, AND YEAR) *July 26, 1931*

22. I HEREBY CERTIFY That I attended deceased from

19..... to 19.....

I last saw her *live on July 26, 1931. Death is said*

to have occurred on the date stated above, at *3:30 P.M.*

The principal cause of death and related causes of importance were as follows:

Date of onset

Showering

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Other contributory causes of importance:

Melanoma

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? *Yes*

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? *Suicide* Date of injury *7-26, 1931*

Where did injury occur? *Clear Creek Park, St. Louis County*

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury *Held herself under water*

Nature of injury *Showering*

24. Was disease or injury in any way related to occupation of deceased? *No*

If so, specify.

(Signed) *Henry C. Stone, Crown*, M. D.

(Address) *Springfield, 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 very important.

AUG 26 1931

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