

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

Do not use this space.

27156

1. PLACE OF DEATH

County.....

Registration District No.....

Township.....

Primary Registration District No.....

City *St. Louis* (No. *City, Hospital*)

File No.....

Registered No.....

8385

2. FULL NAME

(a) Residence, No. *1012 Chouteau* St. Ward *22*

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred *Life* 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) *Divorced*

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
about 58

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

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

10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

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

13. NAME *Christian Jochens*

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

15. MAIDEN NAME *Caroline Tacke*

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

17. INFORMANT (ADDRESS) *Hospital information Grace City Hospital*

18. BURIAL, CREMATION, OR REMOVAL PLACE *St. Vincent's Catholic* DATE *Aug 4 1931*

19. UNDERTAKER (ADDRESS) *Hoffmeyer, W. C. 2112 E. Broadway*

20. FILED *AUG -3 1931* Registrar *W. C. Hoffmeyer*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *July 29th 1931*

22. I HEREBY CERTIFY, That I attended deceased from *July 27th 1931* to *July 29th 1931*. I last saw him alive on *July 29th 1931*. Death is said to have occurred on the date stated above at *7:43 A.M.*

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

82A

Cerebral Hemorrhage

Other contributory causes of importance:

82A

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?..... Date of injury....., 19.....

Where did injury occur?..... (Specify city or town, county, and State)

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

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify.....

(Signed) *J. J. Beckman*, M. D.

(Address) *City Hospital*

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.

you