TX 584

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

Do not use this space.

36070

File No.

Registered No. 10591

1. PLACE OF DEATH

County

Registration District No. 791

Township

Primary Registration District No. 1915

City St Louis (No. Jewish Hospital St. Ward)

2. FULL NAME Hoester, Violet (~~Victor~~)

(a) Residence, No. Kirkwood Mo St., 12 Ward. Kirkwood Mo
(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 (*write* the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept. 27-1897

7. AGE: YEARS 34 MONTHS 0 DAYS 20 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
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): Illinois

FATHER

13. NAME: Harry D. Vowiel
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Illinois

MOTHER

15. MAIDEN NAME: Sadie Rieff
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Illinois

17. INFORMANT (ADDRESS): Harry D. Vowiel Kirkwood Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Red Bud Illinois DATE Oct 20, 1931

19. UNDERTAKER (ADDRESS): Louis H Bopp Kirkwood Mo

20. FILED OCT 18 1931, 19 Max C Starkloff Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): October 17, 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct 15th, 1931, to Oct 17, 1931

I last saw her alive on Oct 17, 1931. Death is said to have occurred on the date stated above, at 4 45 P.m.

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

	Date of onset
149B Post-Partum Haemorrhage	
144B	
144B	

Other contributory causes of importance:

Rupture of Uterus

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

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) Carl J. Heilet, M. D.

(Address) Jewish Hospital

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.