

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

Do not use this space.

1. PLACE OF DEATH

County Registration District No. 781
Township Primary Registration District No. 2003
City St. Louis (No. 3634) Hyemey

File No. 42397
Registered No. 12304
St. Ward

2. FULL NAME

David M. Hoeting
(a) Residence. No. 3634 Hyemey St., 16 Ward.
(Usual place of abode)
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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>May 23 - 1853</u>		
7. AGE	YEARS <u>78</u>	MONTHS <u>6</u>
	DAYS <u>17</u>	IF LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED		
(a) Trade, profession, or particular kind of work <u>Salesman</u>		
(b) General nature of industry, business, or establishment in which employed (or employer)		
(c) Name of employer <u>Real Estate</u>		

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

PARENTS	10. NAME OF FATHER <u>Unknown</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>
	12. MAIDEN NAME OF MOTHER <u>Unknown</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>

14. INFORMANT Sarah C. Brunson
(Address) 4874 Grand Ave

15. FILED 12 1931
W. C. Hart REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 10 1931
17. I HEREBY CERTIFY, That I attended deceased from March 23, 1931 to Dec 10, 1931, and that I last saw him alive on Dec 10, 1931, and that death occurred, on the date stated above, at 6.06 a.m.

THE CAUSE OF DEATH WAS AS FOLLOWS:
Chronic Interstitial Nephritis
131
57A

CONTRIBUTORY (SECONDARY) Diabetic Nephritis (duration) 10 yrs. mos. ds.
2 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH. 7/31
DID AN OPERATION PRECEDE DEATH? DATE OF _____
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS Urinalysis
(Signed) D. W. Day M.D.
12/14, 1931 (Address) 3175 So. Grand

*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 <u>Valhalla Cemetery</u>	DATE OF BURIAL <u>Dec 12 1931</u>
20. UNDERTAKER <u>John H. Sharby</u>	ADDRESS <u>4355 Westgate</u>

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.

1871
1872
1873