

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.

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

Do not use this space.

10312

1. PLACE OF DEATH

County..... Registration District No. 17011
Township..... Primary Registration District No. 110133
City St. Louis, Missouri St. Louis Children's Hospital St. _____ Ward) 500 S. Kings Highway

File No. _____
Registered No. 2332

2. FULL NAME

(a) Residence, No. 3317 Klein (Rear) 26 Ward. _____
(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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Child

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-9- 1932

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

22. I HEREBY CERTIFY, That I attended deceased from 2/5, 1932, to 3/9, 1932

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10-25-31

I last saw him alive on 3/9, 1932 Death is said to have occurred on the date stated above, at 8:29 p.m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 4 13

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Child
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

Other contributory causes of importance:

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

Mastoiditis, acute non-tuberculous
Pyelonephritis, acute suppurative
Otitis media

13. NAME John Hoppe

Date of onset about January 9, 1932

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

Name of operation Mastoidectomy Date of 3/4/32, 3/5/32

15. MAIDEN NAME Rose Mohr

What test confirmed diagnosis? Culture Was there an autopsy? Yes

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

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.

17. INFORMANT John Hoppe
(ADDRESS) 3317 Klein

Manner of injury _____
Nature of injury _____

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cemetery DATE March 12 1932

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____

19. UNDERTAKER Edward Hoch
(ADDRESS) 3310 1/2 St.

(Signed) Lawrence Goldman M. D.
(Address) St. Louis Children's Hospital

20. FILED Mar 11 1932 Registrar

Handwritten notes or markings at the bottom of the page.