

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

Do not use this space.

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1. PLACE OF DEATH

County Registration District No. ¹⁸⁹ 10
Township Primary Registration District No.
City St. Louis (No. City Hospital)

File No.
Registered No. 2873
St. Ward

2. FULL NAME

(a) Residence, No. 1817 Menard of 23 Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 2 yrs. 4 mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) separated

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 23rd 1932

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

22. I HEREBY CERTIFY That I attended deceased from Mar. 11th 1932 to Mar. 23rd 1932

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 9 - 1908

I last saw her alive on Mar. 23rd 1932 Death is said to have occurred on the date stated above, at 11:15 a.m.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>24</u>	<u>11</u>	<u>14</u>	

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. Housework

Date of onset

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 24411

Encephalitis - Post infectious not lethal

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 7

Other contributory causes of importance:

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

Name of operation Chin Date of 7/11

13. NAME Ben Schwen

What test confirmed diagnosis Chin Was there an autopsy? no

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

15. MAIDEN NAME Minnie Miller

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury 19.....

16. BIRTHPLACE (CITY OR TOWN) Belleville (STATE OR COUNTRY) Illinois

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 (ADDRESS) Hospital Information

Manner of injury Nature of injury Chin

18. BURIAL, CREMATION, OR REMOVAL PLACE New St. Marcus DATE Mar 26, 1932

19. UNDERTAKER (ADDRESS) Wacker-Helderte

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

20. FILED 2015 St. Louis Registrar

(Signed) J. Richardson, M. D. (Address) City Hospital

N. B.—Every item of information should be carefully separated. AGE should be stated EXACTLY. PHYSICAL CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County.....
Township.....
City St Louis (No.....)

Registration District No. 791
Primary Registration District No. 1003

File No.....
Registered No. 2873
St..... Ward)

2. FULL NAME Hattie Hoque

(a) Residence, No..... St..... 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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) sep - div

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 9 - 1907

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
X 24 X 11 14

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

MOTHER FATHER
13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE

19. UNDERTAKER (ADDRESS)

20. FILED

May 21 1908
Jay C. Stark
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 23 1932

22. I HEREBY CERTIFY, That I attended deceased from

to have occurred on the date stated above, at..... m.
I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at..... m.

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

Date of onset

Other contributory causes of importance:

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

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)....., M. D.
(Address).....

SUPPLEMENTARY

N. B.—Every item of information should be carefully examined. 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. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW.

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