

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

Do not use this space.

11048

1. PLACE OF DEATH

County 3801 Gravois Ave Registration District No. 791
Township St. Louis Primary Registration District No. 1003
City MU (No. Good Shepherd bounded) St. _____ Ward _____

File No. _____
Registered No. 3132
St. _____ Ward _____

2. FULL NAME

Carrie Hoberle
(a) Residence, No. 3801 Gravois Ave St., Louis Ward 16
(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) Single

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

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

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
about 73

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer). _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Cincinnati (STATE OR COUNTRY) Ohio

10. NAME OF FATHER Fred Hoberle
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ohio
12. MAIDEN NAME OF MOTHER Carrie Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ohio

14. INFORMANT Sister Mary of St. Francis, Karlov (Address) 3801 Gravois Ave

15. FILED 31 May 1932 REGISTRAR Arthur J. Domela

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar. 30 1932

17. I HEREBY CERTIFY, That I attended deceased from Dec. 16, 1930, to Mar. 30, 1932 that I last saw her alive on Mar. 24, 1932, and that death occurred, on the date stated above, at 10:30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Dilatation of Heart
Chr. Myocarditis
131
930 (duration) 10 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Chr. Arteriosclerosis (duration) 10 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH _____ D

DID AN OPERATION PRECEDE DEATH? No DATE OF _____

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical & Microscopic
(Signed) J. E. McEwen M.D.
Mar 30, 19 32 (Address) 3951-9 Gravois

*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 Cemetery DATE OF BURIAL 3-31 1932

20. UNDERTAKER Arthur J. Domela ADDRESS 2639 Ward 14

WHITE PRINTING, 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.

