

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

Do not use this space.

17572

1. PLACE OF DEATH

County..... Registration District No.....
Township..... Primary Registration District No. 7011
City St. Louis (No. City Hospital)

File No.
Registered No. 4485
St. Ward)

2. FULL NAME

(a) Residence, No. 2620 No. Sarah St. Ward 11

(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Robert Hoesh</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 13-1889</u>		
7. AGE	YEARS <u>42</u>	MONTHS <u>10</u>
	DAYS <u>29</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housework</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>235</u>	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 6th 1932

22. I HEREBY CERTIFY, That I attended deceased from April 25th 1932, to May 6th 1932
I last saw her alive on May 6th 1932 Death is said to have occurred on the date stated above at 6:15 P.M.
The principal cause of death and related causes of importance were as follows:

Date of onset
Chronic Myocarditis?
930
Other contributory causes of importance: 930

Name of operation..... Date of.....
What test confirmed diagnosis? Clinical 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? No
If so, specify.....
(Signed) Carl H. Fatz, M. D.
(Address) City Hospital

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis Missouri</u>
	13. NAME <u>Chas. Vorch</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Paul Minnesota</u>
	15. MAIDEN NAME <u>Nellie Ready</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis Missouri</u>
	17. INFORMANT (ADDRESS) <u>Hospital information City Hospital</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Calvary</u> DATE <u>May 10-1932</u>	
19. UNDERTAKER (ADDRESS) <u>Cathery J. Donnelly 2039</u>	
20. FILED <u>MAY -8 1932</u> <u>Max Standen</u> Registrar	

WHITE 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.

Proser