

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

Do not use this space.

21428

**1. PLACE OF DEATH**

County..... Registration District No. *781*  
 Township..... Primary Registration District No. *005*  
 City *St Louis mo* (No. *Mississippi River, ft of Fillmor* St. *5992* Ward)

**2. FULL NAME**

*Henry Hoehn*  
 (a) Residence, No. *2515 59th* St. *23* Ward.  
 (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 *M.* 4. COLOR OR RACE *W.* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *married*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *July 29 - 1889*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
*42 10 25*

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Barber, 26*

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) *Alsace France*

13. NAME *Henry Hoehn*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Alsace France*

15. MAIDEN NAME *Unknown*

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

17. INFORMANT (ADDRESS) *Marie Hoehn 2515 59th St*

18. BURIAL, CREMATION, OR REMOVAL

PLACE *New St Marcus* DATE *June 27* 19*32*

19. UNDERTAKER (ADDRESS) *John L. Ziegenhein and Sons 7037 24th St*

20. FILED *JUN 27 1932*

*W. C. Starker* Registrar. *6/27/32*

**MEDICAL CERTIFICATE OF DEATH**

*No Physician in Attendance*  
 21. DATE OF DEATH (MONTH, DAY, AND YEAR) *June 24, 1932*

*Town of St. Louis*  
 I HEREBY CERTIFY that I attended deceased from *June 24, 1932* to *June 24, 1932*

I last saw him alive on *June 24, 1932* Death is said to have occurred on the date stated above, at *2:30 P.M.*

The principal cause of death and related causes of importance were as follows:  
*Asphyxiation - due to*

*drowning.* Date of onset *16/8*

*whether accidental or intentional, not*

Other contributory causes of importance: *Ascertained*

*183 183*

Name of operation *183* Date of *183*

What test confirmed diagnosis? *183* Was there an autopsy? *no*

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? *no* Date of injury *June 24, 1932*

Where did injury occur? *St. Louis, Mo.* (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury *Asphyxiation*  
 Nature of injury *drowning*

24. Was disease or injury in any way related to occupation of deceased?  
 If so, specify *no*

(Signed) *J. W. Kerner, M.D.*

(Address) *St. Louis, Mo.*

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.

