

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

Do not use this space.

26437

3355

1. PLACE OF DEATH

County Jackson
Township Kaw
City K.C. Mo. (No. 6122)

Registration District No. 399
Primary Registration District No. 300
Harrison

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

2. FULL NAME

(a) Residence, No. 6122 Harrison St., 8 Ward.

(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 fe 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 1-1866

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>66</u>	<u>6</u>	<u>30</u>	

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

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) Germany

13. NAME Henry B. Ochs.

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

15. MAIDEN NAME No Record

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 31

17. INFORMANT Herbert Hilscher
(ADDRESS) 120-6-7000, St. Louis

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill DATE 9-3-32

19. UNDERTAKER (ADDRESS) Wm. C. L. Foster
817 Brooklyn ave

20. FILED 9/3 1932 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 31, 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug. 31, 1932, to Aug. 31, 1932

I last saw her alive on Aug. 31, 1932. Death is said to have occurred on the date stated above, at 11 P. m.

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

ACUTE DILATATION OF HEART
95B 106B
Other contributory causes of importance:
GENERAL ANAEMIA AND SEQUELAE OF BRONCHITIS TWO MONTHS PREVIOUSLY

Name of operation _____ Date of _____

What test confirmed diagnosis? PHYSICAL 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) Maclay Lyon, M. D.

(Address) 508 SHUNKER BLDG. - K.C. 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.

Dr. H. S. McManis
254. Wood Fz- 2752
2202 Everett 2339
Call Dr. S. P. Hill

Late Friday night.

Dr. Lyons.
508 Short Street Bldg
at 10 Am.

1932-9-2
62-11-2
1869-10-0

1932-8-32
50-7-7
1882-1-25