

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

Do not use this space.

1. PLACE OF DEATH

County Registration District No. *491*
Township Primary Registration District No. *16*
City *St. Louis* (No. *3725*, *Morganford Rd.*) St. Ward

File No. *42254*
Registered No. *11381*
St. Ward

2. FULL NAME

Melchior (Michael) Hoesli
(a) Residence, No. *3725 Morganford* St. *16* 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 <i>Male</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Married</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Regina Minnie Hoesli</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>May 10, 1864</i>		
7. AGE	YEARS <i>68</i>	MONTHS <i>7</i>
		DAYS <i>11</i>
	If LESS than 1 day, hrs. or min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Cement Worker</i>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>X 72</i>	
	10. Date deceased last worked at this occupation (month and year) <i>July 26, 1932</i>	
	11. Total time (years) spent in this occupation	
MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Switzerland</i>	
	13. NAME <i>Unknown</i>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Unknown</i>	
	15. MAIDEN NAME	
FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	
	17. INFORMANT <i>Joseph Hoesli (son)</i> (ADDRESS) <i>2834 N. Euclid</i>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Celvary</i> DATE <i>Dec 24, 1932</i>		
19. UNDERTAKER (ADDRESS) <i>Oscar J. Hoffmeister</i> <i>404 N. Chestnut St.</i>		
20. FILED <i>DEC 22 1932</i> <i>W. H. ...</i> Registrar		

1 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Dec 21st, 1932*

22. I HEREBY CERTIFY, That I attended deceased from *Aug 6, 1932* to *Dec 21, 1932*
I last saw him alive on *Dec 20, 1932*. Death is said to have occurred on the date stated above, at *3:30 p.m.*
The principal cause of death and related causes of importance were as follows:
Cancer of Stomach
Date of onset

Other contributory causes of importance: *46B*

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. *(1)*

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify *Stanley Bernik*, M. D.
(Signed) *Stanley Bernik*
(Address) *520 N. Grand*

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.

