

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

Do not use this space.

5533

1. PLACE OF DEATH

County Gasconade
Township Richland
City Richland (No. 1)Registration District No. 507
Primary Registration District No. 901File No. 230Registered No. 230

2. FULL NAME

(a) Residence, No. 1 St. 1 Ward. 1
(Usual place of abode)Length of residence in city or town where death occurred 1 yrs. 1 mos. 1 ds. How long in U. S., if of foreign birth? 1 yrs. 1 mos. 1 ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Gustav Bohl6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 31-18687. AGE YEARS 64 MONTHS 1 DAYS 17 If LESS than 1 day, ... hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Wf.

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) Germany13. NAME Karl Hoppe14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany15. MAIDEN NAME Henrietta Walke16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany17. INFORMANT (ADDRESS) Gustav Bohl18. BURIAL, CREMATION, OR REMOVAL PLACE St. Louis DATE 7/4 193319. UNDERTAKER (ADDRESS) Hugo Blumer20. FILED 2-75 1933 F. R. Kieker Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 11th 193322. I HEREBY CERTIFY, That I attended deceased from July 9th 1932 to Feb. 11th 1933. Last saw him alive on Jan. 25th 1933. Death is said to have occurred on the date stated above, at 5 P. m.

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

Hydropiccardium Date of onset 9 months

Other contributory causes of importance:

Bright's diseaseName of operation None Date of NoneWhat test confirmed diagnosis? Symptoms as 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 E. G. Rhodius (Signed) Bay M. D. (Address) Mo.

