

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

Do not use this space.

7188

1. PLACE OF DEATH

County St. Louis
Township Carondelet
City St. Louis (No. HOCHMUTH)

Registration District No. V123
Primary Registration District No. 6248 B

File No. _____
Registered No. 102 _____
St. _____ Ward _____

2. FULL NAME

Otto Edward Hochmuth

(a) Residence, No. Stanton, Ill. St. _____ 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 29 1898

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
44

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Coal miner
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 16 1/2

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

MOTHER FATHER 13. NAME Yusef Hochmuth

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

MOTHER 15. MAIDEN NAME Koulerus Keesling

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

17. INFORMANT (ADDRESS) Karol Prodzger

18. BURIAL, CREMATION, OR REMOVAL PLACE Fehlmann Cem DATE Apr 7 1933

19. UNDERTAKER (ADDRESS) Wendell Red O

20. FILED April 5 1933 L.P.C. Abrecht

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 27 1933

22. I HEREBY CERTIFY, That I attended deceased from was found April 5 - 1933, 19_____

I last saw h. _____ alive on _____, 19_____. Death is said to have occurred on the date stated above, at _____ m.

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

Suicide: left 2 notes stating this intention. Drowned himself in River. was found in the water by fisherman just at the southern portion of St. Louis County. Evidently been in water for weeks as complete mottled weather had set in. Was identified by _____ of _____ residence _____ Was there an autopsy? no

Other contributory causes of importance no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Suicide 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 drowning

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

Signature John B. Timmon, M. D.
(Address) 378 Jennings St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. APR 28 1933

Reg. No. 6248 B

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

2 - 1935 -
ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County.....
Township.....
City..... (No.)

Registration District No. 1123
Primary Registration District No. 624PB

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

2. FULL NAME

Otto Hochmuth

(a) Residence, No. St. Ward.....
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 29

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
44

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. miner
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 Louis Hochmuth

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

15. MAIDEN NAME Pauline Keeling

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

17. INFORMANT (ADDRESS) Mrs. J. K. Redger

18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla DATE April 7, 1935

19. UNDERTAKER (ADDRESS)

20. FILED

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 27, 1935

22. I HEREBY CERTIFY, That I attended deceased from to, 19.....

I last saw h..... alive on, 19..... Death is said to have occurred on the date stated above, at..... m.

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

..... Date of onset

Other contributory causes of importance:

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.

Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....
If so, specify.....

(Signed)....., M. D.
(Address).....

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW.
CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state EXACTLY. AGE should be stated EXACTLY. PHYSICIANS should state EXACTLY. PHYSICIANS should state EXACTLY.

State of Illinois SS:
County of Macoupin

On this 17th day of May A.D. 1933 appeared before me a Notary Public, Mrs. John Predgen a resident of Staunton, Illinois who on oath declares that she is the eldest sister of one Otto Hochmuth, now deceased. That she was the informant for the Missouri State Board of Health Bureau of Vital Statistics certificate of Death of the said Otto Hochmuth. That the real name of the deceased is Otto Hochmuth as it appears on his Life Insurance Policy. That he was nicknamed **Eddie** by his friends and sometimes used the name of Otto Eddie and Otto Edward Hochmuth. That in giving his name to the Missouri authorities she gave the name of Otto Eddie Hochmuth, that through some error the name on the certificate was given as Edward Hochmuth which is in error. The affiant further states that Otto Hochmuth of Staunton, Ill. as insured by the Prudential Ins. Co. and Otto Eddie Hochmuth, and or Edward Hochmuth as listed in the death certificate all are one and the same person, being her brother who is now deceased. Further the affiant sayeth not.

...*Mrs. John Predgen*.....
signature of the affiant.

Subscribed and sworn to before me this 17th day of May A.D. 1933.

.....*John P. Ferr*.....
Notary Public.

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