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.

APR 28 1933

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

Do not use this space.

11044

1. PLACE OF DEATH
County St. Louis — Registration District No. 1160 — File No.
Township Central — Primary Registration District No. 4470 — Registered No. 38
City University City (No. 401, Alta Dena Court St. Ward)

2. FULL NAME Henry Hoehle
(a) Residence, No. 401 Alta Dena Court St., 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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mary M. Hoehle

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 25 1860

7. AGE: YEARS 72 — MONTHS 9 — DAYS 13 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Auditor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Dry Goods
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): St. Louis Mo

FATHER
13. NAME: Henry Hoehle
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER
15. MAIDEN NAME: Christina Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): Etta Hoehle, 401 Alta Dena Court

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Concordia Cem DATE: Mar 11 1933

19. UNDERTAKER (ADDRESS): Beiderwieden Funeral Home Co., 1936 St. Louis Ave

20. FILED: Mar 16 1933 Lena O. Moeller, Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Mar. 8, 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug. 15, 1932, to March 8, 1933
I last saw him alive on March 8, 1933. Death is said to have occurred on the date stated above, at 5:35 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Stomach	8/15/32
Chronic Myocarditis	10/30/30
46 B	
93 P	

46 B

Other contributory causes of importance:

Name of operation — Date of —
What test confirmed diagnosis? X-Ray 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) W. J. Krenning, M. D.
(Address) 4548 Harris Av