

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

Do not use this space.

18405

**1. PLACE OF DEATH**

County..... Registration District No. 101  
Township..... Primary Registration District No. 101  
City St Louis (No. Jewish Hospital)

File No.....  
Registered No. 4660  
St..... Ward)

**2. FULL NAME**

Louis A. Hoerr  
(a) Residence, No. 3534 Hawthorne Blvd. Ward 17  
(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**

**4 MEDICAL CERTIFICATE OF DEATH**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 27 1876

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.  
57 0 29

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. President, Western Railway Equip. Co.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Western Railway Equip. Co.

10. Date deceased last worked at this occupation (month and year)..... Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Degison Texas.

13. NAME John Hoerr

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

15. MAIDEN NAME Marie M. Reumann

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cincinnati Ohio

17. INFORMANT (ADDRESS) P. M. Hoerr 3534 Hawthorne Blvd.

18. PLACE OF BURIAL, CREMATION, OR DISPOSAL Cathalla May 27 1933

19. UNDERTAKER (ADDRESS) Wagoner Undert. Co. 3621 Olive St.

20. FILED 1933 Registrar. J. P. Bredek

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/26 1933

22. I HEREBY CERTIFY, That I attended deceased from 5/23 1933 to 5/26 1933

I last saw him alive on 5/26 1933 Death is said to have occurred on the date stated above, at 12:25 a.m.

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

Acute Pulmonary Edema Date of onset 12/1/31  
Acute Perforated Appendicitis 3 days?  
Appendiceal Abscess  
(Complicated Peritonitis)

Other contributory causes of importance: 12/1/31

Name of operation Appendectomy Date of 5/26/33  
What test confirmed diagnosis? Diagnosis of lab. etc. 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?.....  
If so, specify

(Signed) Carl K. Heilich, M. D.  
(Address) Jewish Hospital

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.

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