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

Do not use this space.

34848

File No. 9023

Registered No.

1. PLACE OF DEATH

County

Registration District No. 79I

Township

Primary Registration District No. 1702

City St. Louis (No. City Hosp. St. Ward)

2. FULL NAME 11866 Oscar Hoch

(a) Residence, No. 1862 S. 12th St. Ward 28
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 27 1878

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	55	8	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Watchman

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 Jos Hoch

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

MOTHER

15. MAIDEN NAME Sarah Stocker

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

17. INFORMANT (ADDRESS) Hosp Lyl. B. Keel City Hosp

18. BURIAL, CREMATION, OR REMOVAL PLACE Nashville Ill. DATE Oct 20 1933

19. UNDERTAKER (ADDRESS) Wacker-Helderle U.L.C. 2331 S Broadway

20. FILED OCT 19 1933 J. F. Biedeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 18, 1933

22. I HEREBY CERTIFY, That I attended deceased from 10-16, 1933, to 10-18, 1933

I last saw he alive on 10-18, 1933. Death is said to have occurred on the date stated above, at 3 p.m.

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

	Date of onset
Chronic Myocarditis	
Acute Fibrillation	
93c	
95A	

Other contributory causes of importance:

8

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) H. Blood, M. D.

(Address) City Hosp

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

NOV 10 1933