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.

MAR 24 1934

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

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 6474

Township ..... Primary Registration District No. 1003 Registered No. 1312

City St. Louis (No. De Paul Hospital St. ..... Ward)

2. FULL NAME William Hoerr

(a) Residence, No. 2500 N. Grand Bl. St., 11 Ward. (If nonresident, give city or town and State)
(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.

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) Oct. 31-1928

7. AGE YEARS 5 MONTHS 3 DAYS 3 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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) St. Louis Mo.

FATHER

13. NAME Thomas Hoerr

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.

MOTHER

15. MAIDEN NAME Marie Smith

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.

17. INFORMANT (ADDRESS) Thomas Hoerr 2500 N. Grand Bl.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cemetry DATE Feb. 6, 1934

19. UNDERTAKER (ADDRESS) Cullinane Bro. 1710 N. Grand Bl.

20. FILED FEB 5 1934 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 3, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 21, 1934, to Feb 3-1934, 19..

I last saw him alive on Feb 3, 1934. Death is said to have occurred on the date stated above, at 12:50 P.m.

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

Empyema (Streptococcal) Date of onset

110 a

Other contributory causes of importance: Broncho Pneumonia

Name of operation no Date of

What test confirmed diagnosis Clinical Was there an autopsy yes

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) L. M. Riordan, M. D.

(Address) Lister Bldg.