APR 25 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. 10620

Township ..... Primary Registration District No. 1003 ..... Registered No. 2440

City St Louis (No. Central Hospital St. ..... Ward)

2. FULL NAME Infant Northoff

(a) Residence, No. 4956 Odell Ave. St., 13 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 8, 1934

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

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

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, Missouri

FATHER

13. NAME Lawrence B. Northoff

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

MOTHER

15. MAIDEN NAME Hazel I Foelsch

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

17. INFORMANT (ADDRESS) Mr Lawrence B. Northoff 4956 Odell ave.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Bethany Cem DATE March 10 1934

19. UNDERTAKER (ADDRESS) Geo. L. Pleitsch Inc. 5966 Easton ave.

20. FILED 2 11 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 9, 1934

22. I HEREBY CERTIFY, That I attended deceased from 3-8-, 1934, to 3-9-, 1934

I last saw him alive on 3-9-, 1934 Death is said to have occurred on the date stated above, at 8 a m.

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

Edema of Lungs

160 E

160 E

160 E

Date of onset

Other contributory causes of importance:

Breach Presentation

Fusep Delivery

Name of operation None Date of

What test confirmed diagnosis? Sign ion Was there an autopsy no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? no Date of injury ....., 19

Where did injury occur? no (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None

Nature of injury no

24. Was disease or injury in any way related to occupation of deceased?

If so, specify no

(Signed) D M F Hamann M. D.

(Address) 2743 N Grand

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.