

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

Do not use this space.

APR 25 1934

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City **St. Louis Mo** (No. **Deaconess Hospital**)

File No. **11034**
Registered No. **2893**
St. Ward)

2. FULL NAME

(a) Residence, No. **Mrs F Hostedt** St. **NR** Ward. **Kirkwood Mo**
(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 M.	4. COLOR OR RACE A.	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary D. Hostedt				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4-9-1870				
7. AGE YEARS 63	MONTHS 11	DAYS 12	If LESS than 1 day, hrs. or min.	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchman				
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) **Missouri**

13. NAME **Louis Hostedt**

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

15. MAIDEN NAME **Minnie Schma**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

17. INFORMANT **Mrs Mary D. Hostedt**
(ADDRESS) **Arcaapa & Henry Rd**

18. BURIAL, CREMATION, OR REMOVAL
PLACE **St. Lucas Cem** DATE **3-23 1934**

19. UNDERTAKER **Louis H Bopp**
(ADDRESS) **Kirkwood**

20. FILED **1934 22 103** **J. F. Bredeck**
Registrar.

4 MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from **2-20 1934**, to **3-20 1934**
I last saw him alive on **3-20 1934** Death is said to have occurred on the date stated above, at **5:35 A.M.**
The principal cause of death and related causes of importance were as follows:

468
53 Carcinoma stomach
935 Carcinoma of abdominal organs
Other contributory causes of importance:
chr Myocarditis

Name of operation **Exploratory laparotomy** Date of **3/6/34**
What test confirmed diagnosis? **Exploratory** 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) **Carl A Brand**, M. D.
(Address) **1307 E. Kirkwood**
Wabster Gravelly mo

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.

