

MAY 25 1934

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

Do not use this space.

13166

## 1. PLACE OF DEATH

County JacksonRegistration District No. 300Township W. C.Primary Registration District No. 3002City W. C.(No. 2549 Charlotte)

File No. ....

Registered No. ....

St. .... Ward)

## 2. FULL NAME

(a) Residence No. 2549 Charlotte St. .... 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 Male 4. COLOR OR RACE Wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Widowed6. DATE OF BIRTH (MONTH, DAY, AND YEAR) unkl 18487. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min. 86 - -8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

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) Germany13. NAME Hoedl14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany15. MAIDEN NAME Unknown16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany17. INFORMANT Joe Hoedl (ADDRESS) 12549 Charlotte18. BURIAL, CREMATION, OR REMOVAL PLACE Not of many la. DATE May 1, 193419. UNDERTAKER John A. Mueser (ADDRESS) 1415 East 15 st20. FILED 4-30-34 Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 28, 193422. I HEREBY CERTIFY, That I attended deceased from Apr. 1, 1934 to Apr. 28, 1934I last saw him alive on Apr. 28, 1934 Death is saidto have occurred on the date stated above, at 5:41 P. m.

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

Coronary Occlusion Date of onsetAngina Pectoris SuddenArterio Sclerosis 10 yrsHypertension 10 yrsOther contributory causes of importance: NoneName of operation None Date of ....What test confirmed diagnosis? ✓ 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 None(Signed) W. C. Mueser, M. D.(Address) 3046 Main

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.

