WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD 12-1

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.

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

Do not use this space.

OCT 11 [illegible]

791

34405

1. PLACE OF DEATH

County ..... Registration District No. 1003 File No. 9203

Township ..... Primary Registration District No. ..... Registered No. .....

City St. Louis (No. 4515 Flora St. ..... Ward)

2. FULL NAME Charles Hochstadt

(a) Residence, No. ..... St., 17 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 white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) unk 1873

7. AGE YEARS abt. 69 MONTHS 1 DAYS 1 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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

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) Bacon Roumania

FATHER

13. NAME Lippe Hochstadt

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

MOTHER

15. MAIDEN NAME Fanny (unk)

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

17. INFORMANT (ADDRESS) Mrs Goldie Hochstadt 4515 Flora

18. BURIAL, CREMATION, OR REMOVAL

PLACE Bnai Amoona DATE 9-18- 1934

19. UNDERTAKER (ADDRESS) H B Berger 4715 McPherson

20. FILED SEP 17 1934 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 16 1934

22. I HEREBY CERTIFY, That I attended deceased from 5/20, 1934, to 9/16, 1934

I last saw him alive on 9/16, 1934. Death is said to have occurred on the date stated above, at 8:20 P.m.

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

Carcinoma of ileum with metastasis to liver 46

Other contributory causes of importance:

Date of onset

Name of operation Exploratory lap + cecostomy Date of 3/29/34

What test confirmed diagnosis? abscess + biopsy 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? no

If so, specify .....

(Signed) Clarence T. Eckert, M. D.

(Address) 607 N. Grand.