

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

Do not use this space.

NOV 13 1934

37959

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1023**
City *St. Louis* (No. *4129*, *Connecticut St.*)

File No.....
Registered No. **10447**
St. Ward)

2. FULL NAME

(a) Residence, No. *4129 Connecticut St.* *16* 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 <i>F</i>	4. COLOR OR RACE <i>W.</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Widowed.</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Fred Hock</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Sept. 11, 1863</i>		
7. AGE YEARS <i>71</i>	MONTHS <i>1</i>	DAYS <i>17</i>
If LESS than 1 day, hrs. or min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Housewife</i>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>✓</i>
	10. Date deceased last worked at this occupation (month and year) <i>✓</i>

11. Total time (years) spent in this occupation *✓*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Louisville Ky.*

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT *Robert Hock*
(ADDRESS) *4129 Connecticut*

18. BURIAL, CREMATION, OR REMOVAL PLACE *St. Peter Paul* DATE *10/31* 1934

19. UNDERTAKER *Oscar J. Hoffmeister*
(ADDRESS) *440 Chippewa St.*

20. FILED *Oct 29 1934* *J. H. Bell* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Oct. 28*, 1934

22. I HEREBY CERTIFY, That I attended deceased from *Oct. 27*, 1934, to *Oct. 28*, 1934

I last saw her..... alive on *Oct. 28*, 1934. Death is said to have occurred on the date stated above, at *2:45* a.m.

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

Chronic myocarditis
Diabetes mellitus
59
59
Other contributory causes of importance
Atherosclerosis
Tumor of bowell
(Nature of tumor not known)

Date of onset *1931*

Name 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? *No.*
If so, specify

(Signed) *W. D. Jordan* M. D.
(Address) *7205 Connecticut St.*

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.

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