

DEC 1 3 1934

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

Do not use this space.

40696

1. PLACE OF DEATH

County ~~St. Louis~~ Registration District No. ~~201~~Township ~~St. Louis~~ Primary Registration District No. ~~101~~City ~~St. Louis~~ (No. ~~Deaconess Hosp~~)File No. ~~10629~~
Registered No. ~~10629~~
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. ~~N.R.~~ Ward. ~~West Salem, Ill.~~

(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE wh 5. ~~Single, Married, Widowed, or~~ married
~~Divorced (write the word)~~5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF Mrs Chester Hoeszle
(OR) WIFE OF _____6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct-23-18847. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
50 years 118. Trade, profession, or particular kind of work done, as splinner, sawer, bookkeeper, etc. Farmer

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. life12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) West Salem, Ill.13. NAME Unknown14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown15. MAIDEN NAME Unknown16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown17. INFORMANT Mrs Chester Hoeszle
(ADDRESS) _____18. BURIAL, CREMATION, OR REMOVAL
PLACE West Salem, Ill. DATE Nov-6-3419. UNDERTAKER Robert H. Hays
(ADDRESS) 427 N. Grand20. FILED 10629 1934
J. A. Brudeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

5

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-3-193422. I HEREBY CERTIFY, That I attended deceased from Oct 30th, 1930, to Nov 3rd, 1934I last saw him alive on Nov 28th, 1934. Death is saidto have occurred on the date stated above, at 12:40 a.m.

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

Carcinoma of head
of pancreas & stomach
Primary metastasis
of pancreas
of stomach
Date of onset 1 yr 20Other contributory causes of importance: Chronic
terminal pneumoniaPost operative mesenteric
thrombosisName of operation gastric-entrostomy Date of 11/2/34What test confirmed diagnosis? _____ Was there an autopsy? Yes23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____ 1934

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) Felaud & Sons, M. D.
(Address) Deaconess Hosp.

