

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.

JUN 12 1935

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

Do not use this space.

1. PLACE OF DEATH

County.....

Registration District No. **791**  
**1003**

Township.....

Primary Registration District No. **City of St. Louis**

City **St. Louis** (No. **1822**)

File No. **18169**  
Registered No. **4513**  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

(a) Residence, No. **731** St. **8** Ward.

Length of residence in city or town where death occurred **60** 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 **M** 4. COLOR OR RACE **W.** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widowed**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Clara Ross**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Oct. 22 1865**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
**69. 5 25**

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **None**  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **Civil Engineer**  
10. Date deceased last worked at this occupation (month and year) **1929**  
11. Total time (years) spent in this occupation **40**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Kentucky**

13. NAME **Charley Hoerrmann**

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

15. MAIDEN NAME **Mary Lang**

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

17. INFORMANT (ADDRESS) **Wm J. J. M. Kuntz City of St. Louis**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Sullivan Mo** DATE **May 21 1935**

19. UNDERTAKER (ADDRESS) **Diedrich Funeral Home 8319 Miles Ferry St**

20. FILED **DAY 20 1935** **19** **G. F. Bredeck** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **5/19 1935**

22. I HEREBY CERTIFY, That I attended deceased from **5/3 1935** to **5/19 1935**. I last saw **him** alive on **5/19 1935**. Death is said to have occurred on the date stated above, **3:20 P.M.**

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

**110**  
**Meningitis (non-tuberculous) Etiology Undetermined non-specific**  
Other contributory causes of importance:

**Empyema (Localized) caused fatal meningitis**

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? **yes**

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 \_\_\_\_\_  
(Signed) **W. H. McGinnis** M. D.  
(Address) **City of St. Louis**

