

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.

40893

1. PLACE OF DEATH **JAN 21 1936**
 County St. Louis Registration District No. 787
 Township Meramec Primary Registration District No. 6032
 City (No. _____) St. _____ Ward _____

2. FULL NAME Fannie Hohmann
 (a) Residence, No. Cherryfield, Mo. 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND-OF (OR) WIFE OF <u>Christian Hohmann</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan-15-1856</u>				
7. AGE YEARS <u>79</u>	MONTHS <u>10</u>	DAYS <u>25</u>	If LESS than 1 day, _____ hrs. or _____ min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Own home</u>			
	10. Date deceased last worked at this occupation (month and year) <u>1928</u>		11. Total time (years) spent in this occupation <u>50</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ballwin, Mo.</u>				
MOTHER FATHER	13. NAME <u>James Ball</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ballwin, Mo.</u>			
	15. MAIDEN NAME <u>Martha Kennedy</u>			
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ky.</u>				
17. INFORMANT <u>Emily Kraening</u> (ADDRESS) <u>Cherryfield, Mo.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Protech Cem. Memphis, Mo.</u> DATE <u>Dec-13-1935</u>				
19. UNDERTAKER <u>Schradler Funeral Home</u> (ADDRESS) <u>Ballwin, Mo.</u>				
20. FILED <u>Dec 11 1935</u> <u>Wm. S. Fick</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 10, 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov 20, 1935 to Dec 10, 1935
 I last saw her alive on Dec 10, 1935. Death is said to have occurred on the date stated above, at 9:50 a.m.
 The principal cause of death and related causes of importance were as follows:
Terminal Broncho-Pneumonia
 Other contributory causes of importance:
Cardiac Decompensation
Malnutrition
Senility
 Name of operation _____ Date of _____
 What test confirmed diagnosis? Exam. 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) Henry Seatt, M. D.
 (Address) Ballwin, Mo.

Date of onset
Nov. 20
35

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