

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

Do not use this space.

21145

1. PLACE OF DEATH

County St. Louis  
Township St. Louis  
City St. Louis (No. 1912)

Registration District No. 1003

Primary Registration District No. 1003

File No. 5353  
Registered No. 5353  
St. St. Louis Ward 11

2. FULL NAME

(a) Residence, No. 1721 St. St. Louis Ward 11  
(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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Margaret Hoer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 7 - 1899

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
56 8 12

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. Common Laborer

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) St. Louis Mo

13. NAME Frank Hoer

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

15. MAIDEN NAME Catherine Knauer

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

17. INFORMANT Joseph Hoer (ADDRESS) 7 City Hoer

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Matthews DATE May 21 - 1936

19. UNDERTAKER Zeyenberry Bros (ADDRESS) 1613 Cherokee St.

20. FILED MAY 20 1936 REGISTRAR J. F. Bredeck

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/19/36 19

22. I HEREBY CERTIFY, That I attended deceased from 5/7 1936 to 5/19/36 19

I last saw him alive on 5/19/36 1936 Death is said

to have occurred on the date stated above, at 8:30 a.m.

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

Robert Pneumonia

Date of onset

Other contributory causes of importance: 108

Name of operation Date of

What test confirmed diagnosis? 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?

If so, specify

(Signed) Roy Green, M. D.

(Address) City Hoer #1

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

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.

