

**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**
Township..... Primary Registration District No. **1003**
City..... (No. **1417**, **Ocean Ave**)

21158

File No.....
Registered No. **5367**
St..... Ward)

2. FULL NAME

(a) Residence, No. **1417 Ocean Ave** St. **9** Ward.
(Usual place of abode)
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 <i>Female</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Married</i>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Theodore Hoehn</i>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Nov 24-1857</i>				
7. AGE	YEARS <i>78</i>	MONTHS <i>5</i>	DAYS <i>26</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.
	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)
Richtfontaine nes

13. NAME
Unknown

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

15. MAIDEN NAME
Unknown

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

17. INFORMANT
(ADDRESS)
*Theodore Hoehn
1417 Ocean Ave*

18. BURIAL, CREMATION, OR REMOVAL
PLACE *Calvary* DATE *5-23* 1936

19. UNDERTAKER
(ADDRESS)
*H. A. Stock and Co
217 E. Grand*

20. FILED **MAY 21 1936** 19
J. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *May 20* 1936

22. I HEREBY CERTIFY, That I attended deceased from *JAN 1-* 1936 to *May 20* 1936
I last saw him alive on *May 20* 1936. Death is said to have occurred on the date stated above, at *8:55* a.m.
The principal cause of death and related causes of importance were as follows:

CHRONIC MYOCARDITIS
Other contributory causes of importance: *1930*

Date of onset
JAN 1935

Name of operation..... Date of.....
What test confirmed diagnosis? *Phys* 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?.....
If so, specify *Francoise Wehn*, M. D.
(Signed) (Address) *4114 W. FLORISSANT*

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.

Dr. [unclear]

12-2 - 6.8