

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

Do not use this space.

AUG 18 1936

28662

1. PLACE OF DEATH

County.....

Registration District No.....

Township.....

Primary Registration District No.....

City St. Louis, Missouri City Hospital

B. 3876 Feodor Hoven

2. FULL NAME

2556 St. Vincent

(a) Residence, No. 23 St. 23 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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 21, 1894

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
42 3 21

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. butcher  
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) Germany

MOTHER FATHER 13. NAME Joseph Hoven

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

15. MAIDEN NAME Henrietta (unk)

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

17. INFORMANT Hosp. Info. M.H. Kent  
(ADDRESS) City Hospital No. 1

18. BURIAL, CREMATION, OR REMOVAL PLACE Old Peter Paul Ch. DATE July 17, 1936

19. UNDERTAKER E. J. Schmitt  
(ADDRESS) 212 Os. Lafayette Ave

20. FILED 16 1936 J. P. Bredeck  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 15, 1936

22. I HEREBY CERTIFY. That I attended deceased from 6/16/36, 1936, to 7/15/36, 1936

I last saw him alive on 7/15/36, 1936 Death is said

to have occurred on the date stated above, at 10:15 a

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

Date of onset

acute Pancreatitis  
Result of gunshot wound  
years ago details of  
which is unknown

Other contributory causes of importance:

Peritonitis Results of  
operation

Name of operation Exp. Lap. Date of 7-11-36

What test confirmed diagnosis? aspirate Was there an autopsy? yes

23. If death was due to external causes (violence), fill in the following:  
Accident, suicide, or homicide? 1936 Date of injury 1936

Where did injury occur? 1936  
(Specify city of 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) J. P. Bredeck, M. D.  
(Address) City Hospital No. 1

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.

