

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

AUG 18 1936

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

Do not use this space.

28921X

1. PLACE OF DEATH

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

Registration District No. 1003
Primary Registration District No. Lutheran Hospital

File No.
Registered No. 7690
St. Ward)

2. FULL NAME Mary Hockman

(a) Residence, No. 3110 Osceola St. St. 15 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 19, 1936

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Clay Hockman

22. I HEREBY CERTIFY that I attended deceased from July 13, 1936 to July 19, 1936
I last saw her alive on July 18, 1936 Death is said to have occurred on the date stated above, at 3:50 a.m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 26, 1862

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

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>73</u>	<u>8</u>	<u>23</u>	

Date of onset

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
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.....

acute Gastro Enteritis (brought on by the hot weather)

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.

Other contributory causes of importance:
arterio-sclerosis
Paraplegia

13. NAME David Seifert

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

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

15. MAIDEN NAME Don't Know

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.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know

17. INFORMANT Earl Hockman
(ADDRESS) 3110 Osceola St.

Manner of injury.....
Nature of injury.....

18. BURIAL, CREMATION, OR REMOVAL PLACE Shelbyville Ill. DATE JUL 19 1936

19. UNDERTAKER J. N. Hocken 2nd U. C.
(ADDRESS) 2842 Meramec St.

24. Was disease or injury in any way related to occupation of deceased?.....
If so, specify Robt. Wilucki, M. D.
(Signed) 5402 Cravois
(Address)

20. FILED JUL 20 1936 J. H. Bredek
Registrar.



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

Do not use this space.

1. PLACE OF DEATH

County St. Louis Registration District No. 791 File No. _____
 Township _____ Primary Registration District No. 1003 Registered No. 7690
 City St. Louis No. Lutheran Hosp St. _____ Ward _____

2. FULL NAME

Mary Jackson
 (a) Residence, No. 3110 Osceola, 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

MEDICAL CERTIFICATE OF DEATH

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) on

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 19, 1936

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

22. I HEREBY CERTIFY That I attended deceased from _____, 19____, to _____, 19____

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

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min. 73

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
 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 _____

Acute Gastro Enteritis brought on by hot weather
 Date of onset _____

Other contributory causes of importance:
Arterio Sclerosis Paraplegia (Spinal)

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

FATHER 13. NAME

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

MOTHER 15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19____

19. UNDERTAKER (ADDRESS)

20. FILED 9-2 1936 J. F. Bredeck Registrar

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

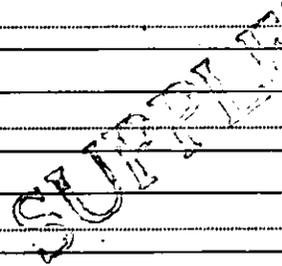
23. If death was due to external causes, violent, filth, also the following: Accident, suicide, or homicide? _____ of injury _____

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) Geo. W. Wulcki, M. D.
 (Address) 54029 Gravers

CAUSE OF DEATH IN plain terms, so that it may be properly classified. Enter statement of cause of death.



S-28921