AUG 18 1936

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

Do not use this space.
29131

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis (No. Barnes Hospital St. ..... Ward)

File No. .....
Registered No. 7908

2. FULL NAME Joseph Bernard Hoer

(a) Residence, No. 4229 Gratiot St., ~~18~~ Ward. Webster Groves Mo
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos NR 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 Anna M. Hoer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 14, 1895

7. AGE: Years 41 | Months 4 | Days 11 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. McQuay Norris Co.

10. Date deceased last worked at this occupation (month and year) 7-16-36

11. Total time (years) spent in this occupation .....

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

FATHER

13. NAME Martin Hoer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Westphalia Mo.

MOTHER

15. MAIDEN NAME Anna Kuensting

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ridgefountain Mo.

17. INFORMANT Anna M. Hoer
(ADDRESS) 4229 Gratiot St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Memorial Park DATE 7-28, 1936

19. UNDERTAKER Kriegshauser Mortuaries
(ADDRESS) 4228 S. Kingshighway

20. FILED JUL 27 1936, 19.... J. H. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-25, 1936

22. I HEREBY CERTIFY, That I attended deceased from 7-17, 1936, to 7-25, 1936

I last saw him alive on 7-25, 1936. Death is said to have occurred on the date stated above, at 11:05 a m.

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

	Date of onset
Uremia	
Malignant hypertension	
Chronic glomerular nephritis	

Other contributory causes of importance:
Chronic tonsillitis

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

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) A. B. Phillips, M. D.
(Address) Barnes Hospital

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.