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.

SEP 29 1936

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

Do not use this space.

33238

1. PLACE OF DEATH
County St. Louis
Township Carondelet
City ~~Koch~~
Registration District No. 1123
Primary Registration District No. 6248 B
File No.
Registered No. 311
(No. , St. Ward)

2. FULL NAME Lorine Fexer
(a) Residence, No. 3127 S. Jefferson St., Ward. St. Louis, Mo
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. 2 mos. 21 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
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 Christian Fexer
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6-25-04
7. AGE YEARS 32 MONTHS 1 DAYS 9 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
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) St. Louis, Mo.

FATHER
13. NAME Albert Hoffmann
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER
15. MAIDEN NAME Anna Beichel
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Koch Hospital Records Koch, Missouri
18. BURIAL, CREMATION, OR REMOVAL
PLACE Ch. S.S. Ste & Paul DATE Aug 7 1936
19. UNDERTAKER (ADDRESS) Will Bros L & U Co. 2929 S. Jefferson Ave
20. FILED Aug 4 1936 L G Mowry Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-4-36, 19

22. I HEREBY CERTIFY, That I attended deceased from 5-13-36, 19 to 8-4-36, 19
I last saw her alive on 8-4-36, 19 Death is said to have occurred on the date stated above, at 10:40 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	1934
23	
Other contributory causes of importance:	
Tuberculosis of larynx	1935
Tuberculosis of intestines	?

Name of operation X-ray & Date of
What test confirmed diagnosis? sputum 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 none
Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) Joseph T. Maher, M. D.
(Address) Robert Koch Hospital Koch, Missouri