

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.

NOV 20 1936

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

Do not use this space.

36958

1. PLACE OF DEATH

County Cape Girardeau Registration District No. 150

Township

Primary Registration District No. 3009

City Cape Girardeau (No. St. Francis Hospital)

File No. _____

Registered No. 350

St. _____

Ward) _____

2. FULL NAME Sally Heisserer Hoeckele

(a) Residence, No. _____ 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.

da.

How long in U. S., if of foreign birth?

yrs.

mos.

da.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 4 1908

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
27 6 5

8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. Housewife

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) Kelso Mo

13. NAME Salomon Heisserer

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

15. MAIDEN NAME Sophia Blattel

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

17. INFORMANT Mrs. J. Hoeckele

18. BURIAL, CREMATION, OR REMOVAL PLACE Kussel Heights DATE Oct 12 1936

19. UNDERTAKER M. Combs Funeral Home

20. FILED 10-10-36 J. M. Thompson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-9, 1936

22. I HEREBY CERTIFY, That I attended deceased from 10-3, 1936 to 10-9, 1936

I last saw her alive on 10-8, 1936 Death is said

to have occurred on the date stated above, at 145 R. m.

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

Mesenteric Hemorrhage
1450

Other contributory causes of importance:

Generalized Peritonitis (Secondary)
Pregnancy (8 mos)

Name of operation Caesarian Section Date of 10-4-36

What test confirmed diagnosis? Autopsy 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 ✓, 1936

Where did injury occur? ✓

(Specify whether injury occurred in industry, in home, or in public place.) no

Manner of injury ✓

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) Albert M. Eaton, M. D.

(Address) Jackson Mo

