

FEB 19 1937

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

Do not use this space.

1. PLACE OF DEATH

County *St. Charles*  
Township *St. Charles*  
City *St. Charles* (No. *?*)

Registration District No. *757*  
Primary Registration District No. *3026*

File No. *2788*  
Registered No. *13*  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

*Mrs. Catherine Hoy*  
(a) Residence, No. *427 Lindenwood* St. *3* Ward *3*

(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred *57* yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Female</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Widowed</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND-OF (OR) WIFE OF <i>Fred J. Hoy</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>May 3rd 1854</i>		
7. AGE YEARS <i>82</i>	MONTHS <i>9</i>	DAYS <i>17</i>
		If LESS than 1 day, .....hrs. or .....min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Housewife</i>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>235</i>	
	10. Date deceased last worked at this occupation (month and year) <i>Jan. 1937</i>	
		11. Total time (years) spent in this occupation <i>1</i>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Germany</i>		
FATHER	13. NAME <i>Michael Koch</i>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Germany</i>	
MOTHER	15. MAIDEN NAME <i>Wekupson</i>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Germany</i>	
17. INFORMANT (ADDRESS) <i>Fred Hoy</i>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Lutheran Cemetery</i> DATE <i>Jan 24, 1937</i>		
19. UNDERTAKER (ADDRESS) <i>Stackhouse &amp; Bacon</i>		
20. FILED <i>1/20</i> 19 <i>37</i> <i>Clarence J. Neesler</i> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Jan 20* 19*37*

22. I HEREBY CERTIFY that I attended deceased from *Jan 20*, 19*37*, to *Jan 20*, 19*37*  
I last saw him alive on *Jan 20*, 19*37*. Death is said to have occurred on the date stated above, at *11:15 P. M.*  
The principal cause of death and related causes of importance were as follows:  
*Coronary Occlusion* (Date of onset *1-20-37*)

Other contributory causes of importance  
*acute coronary arteriosclerosis*

Name of operation *none* Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? *no*

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) *L. J. Canty*, M. D.  
(Address) *St. Charles, Mo.*

WRITE PRINTING 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.

