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.

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

Do not use this space.

FEB 8 1937 791

1. PLACE OF DEATH

County ..... Registration District No. 1003 File No. 3241

Township ..... Primary Registration District No. ..... Registered No. 267

City St Louis (No. Mo Baptist Hospital St. ..... Ward)

2. FULL NAME Richard Hoermann

(a) Residence, No. 307a Locust St St., 25 Ward. 1
(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

3. SEX M.

4. COLOR OR RACE W.

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) ? ? 1868

7. AGE YEARS 69 MONTHS ? DAYS ? If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Jewelry cases 62

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) Germany 10

FATHER

13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 10

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany. 10

17. INFORMANT (ADDRESS) Fred Freimuth 6843 Fyler Ave

18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE St Peters DATE Jany 8 1937

19. UNDERTAKER (ADDRESS) Sam C Mittelberg 6981 Tholozan Ave

20. FILED JAN 7 1937 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jany 6 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 4, 1937, to Jan 6, 1937

I last saw him alive on Jan 6, 1937. Death is said to have occurred on the date stated above, at 10:10A m.

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

Chronic myocarditis with auricular fibrillation and congestive heart failure — Date of onset: Dec 1936

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis? Phys. 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? No

If so, specify .....

(Signed) Samuel B Grant M. D.

(Address) 3720 Washington Blvd