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.

1. PLACE OF DEATH

County ..... Registration District No. FEB 8 1937 791 ..... File No. 4336

Township ..... Primary Registration District No. ..... Registered No. 1[illegible]

City St Louis (No. City Hosp No 1 ..... St. ..... Ward)

2. FULL NAME Ralph Hoeg

(a) Residence, No. 3459 Grace St., 16 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) Nov. 11, 1914

7. AGE: YEARS 22 | MONTHS 2 | DAYS 18 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. common laborer.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 237
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) Linn Mass. 2

FATHER

13. NAME Martin Hoeg
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mass. 2

MOTHER

15. MAIDEN NAME Hattie M. Gilvory
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mass. 2

17. INFORMANT (ADDRESS) Hugh J. Hoeg 3456 Grace

18. BURIAL, CREMATION, OR REMOVAL
PLACE Memorial Park DATE Feb. 2, 1937

19. UNDERTAKER (ADDRESS) Mullen Bros. 4259 Lindell Blvd.

20. FILED JAN 31 1937 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-29-37, 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 5:31 p.m.

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

Fractured Skull, Extradural Hemorrhage received when struck on head with wooden cane.

Date of onset

Other contributory causes of importance:

Homicide 175 B

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? Hom. Date of injury 1/23, 1937

Where did injury occur? St. Louis, Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. In Home

Manner of injury Struck by person (cane)

Nature of injury Fract. Skull

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

If so, specify .....

(Signed) Joseph M. Zeuner, M.D.

(Address) Deputy Coroner

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$$\begin{array}{r} 36 \\ 54 \\ \hline 82 \end{array}$$