

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

32214
Do not use this space.

OCT 14 1937

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1003

1. PLACE OF DEATH
(a) County..... Registration District No.....
(b) Township..... Primary Registration District No.....
(c) City Saint Louis, Missouri, (d) Street No. Alexian, Bros. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. 8268

2. PRINT FULL NAME Frank Hogrebe
(a) Residence, No. 3426 Osage St. St. 15
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 Hertha Hogrebe.
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 16, 1886;
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
51 0 15
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Barber.
9. Industry or business in which work was done, as 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.
13. NAME Anton Hogrebe
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
15. MAIDEN NAME Louise Schroeder
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Hertha Hogrebe (ADDRESS) 3426 Osage St.
18. BURIAL, CREMATION, OR REMOVAL PLACE Old St. Marcus DATE September 4, 1937

19. FUNERAL DIRECTOR Ziegenhain Bros (ADDRESS) 2623 Cherokee St.
20. FILED SEP 2 1937 J. Predeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) September 1, 1937
22. I HEREBY CERTIFY, That I attended deceased from Aug 34 1937, to Sept 1 1937
I last saw him alive on Sept 1 1937. Death is said to have occurred on the date stated above, at 5:30 Pm
The principal cause of death and related causes of importance were as follows:

Preliminary Embolus
Results of operation
Date of onset 9-1-37
Other contributory causes of importance:
operation for Bilateral Inguinal Hernia
Name of operation Herniotomy Date of 8-26-37
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? 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 nasal cancer M. D.
(Signed) J. Predeck (Address) 3318 S Grand St. Louis Mo.

STATEMENT BY LICENSED EMBALMER

I, Juddie A. Ziegenhein, Licensed Embalmer No. 2270.

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No..... or by....., Registered Apprentice No.....

working under my personal supervision.

Signed

Juddie A. Ziegenhein

Licensed Embalmer No. 2270

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)