

OCT 20 1937

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

Do not use this space.

1. PLACE OF DEATH

County Franklin
Township Washington
City Washington (No. 2)

Registration District No. 297
Primary Registration District No. 3016

File No. 34173
Registered No. 75

2. FULL NAME Pearl Hoesli

(a) Residence, No. St. Louis Mo St. St. Louis, Mo. Ward. St. Louis, Mo.

Length of residence in city or town where death occurred 0 yrs. 0 mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 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 John Hoesli

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 2nd 1886

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
51 4 24

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

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) Gerald Franklin Co Missouri

13. NAME George Boston Gerald

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gerald Franklin Co Mo

15. MAIDEN NAME Mary Rodgers

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Shotwell Franklin Co Missouri

17. INFORMANT (ADDRESS) Mrs. John Whitson

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Louis, Mo. DATE Sept. 28th 1937

19. UNDERTAKER (ADDRESS) Washington Mo

20. FILED Sept. 26, 1937 H. May Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 26 - 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 19 1937 to Sept 26 1937

I last saw her alive on Sept 26, 1937. Death is said to have occurred on the date stated above, at 3⁴⁵ p.m.

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

Embolic - (heart) Date of onset

Other contributory causes of importance:

Structural spine
Passenger in Car at time of accident

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? Accident Date of injury Sept 19 1937

Where did injury occur? Franklin Co. Mo. 26 (Specify city or town, county, and State)

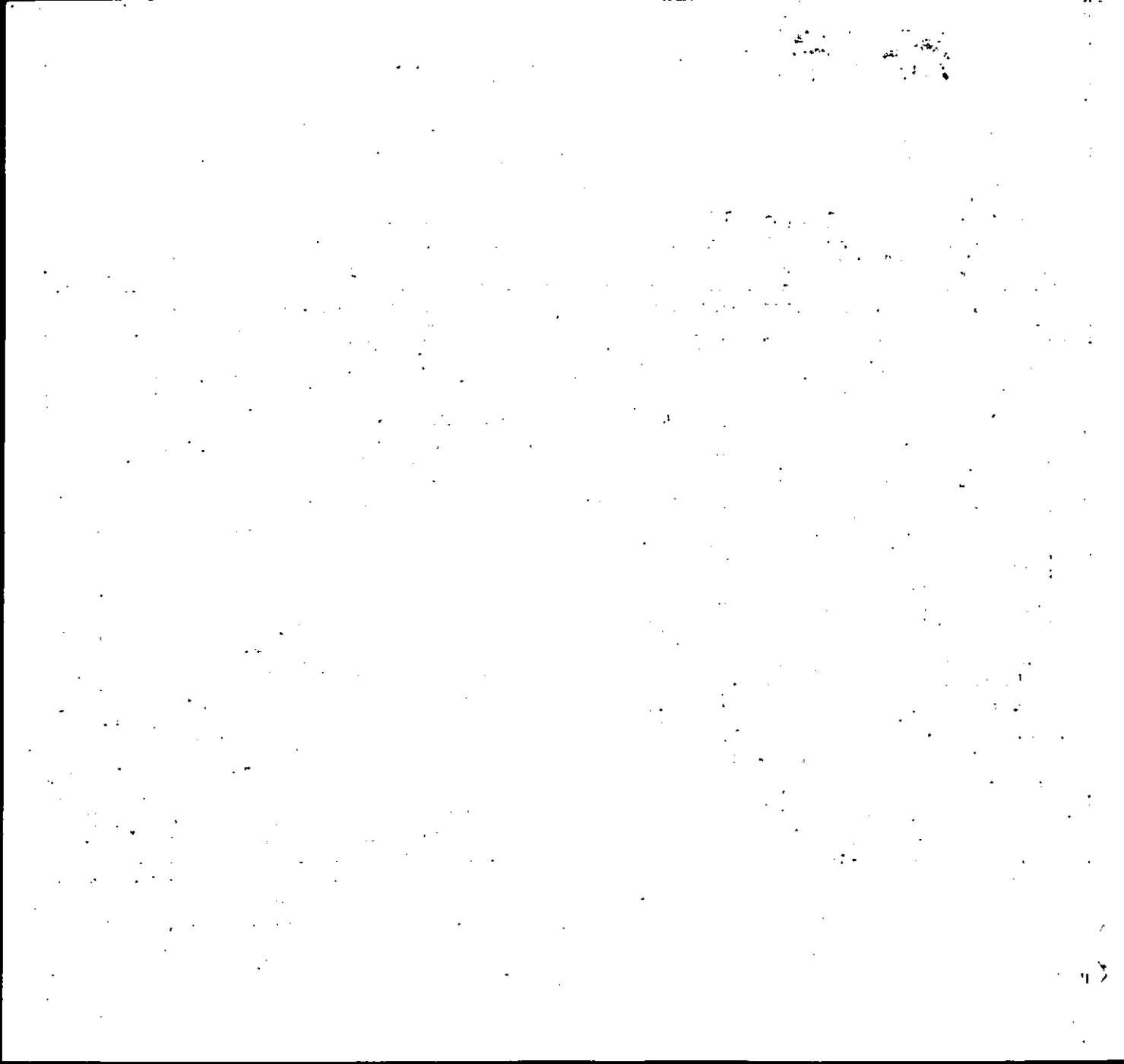
Specify whether injury occurred in industry, in home, or in public place. Public Highway

Manner of injury Impaired space - auto

Nature of injury auto accident

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

If so, specify (Signed) H. May, M. D. (Address) Washington Mo



FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

MISSOURI STATE BOARD OF HEALTH
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CERTIFICATE OF DEATH

34173

Do not use this space.

1. PLACE OF DEATH

(a) County Franklin Registration District No. 397
(b) Township Primary Registration District No. 3016 Registered No.
(c) City Washington (d) Street No. 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.

2. PRINT FULL NAME Pearl Hoehli

(a) Residence, No. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
51 4 24

OCCUPATION

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

FATHER

13. NAME
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER

15. MAIDEN NAME
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED Nov. 24 1937

H. O. May
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 26 1937

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..... m.

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

Date of onset

Other contributory causes of importance:

fractured spine
Passenger in the car at
time of the accident

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? accident of injury Sept 19, 1937

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 automobile accident

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)....., M. D.

(Address)

SUPPLEMENTARY

REGISTERS SMALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

...that it may be properly classified. Exact statement of OCCUPATION is very important.

S-34173