

OCT 26 1937 MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

35279

1. PLACE OF DEATH

County St. Louis

Registration District No. 790

File No.

Township Central

Primary Registration District No. 6033E

Registered No. 312

City Clayton

(No. St. Louis Co Hosp)

St. St. Louis Ward

2. FULL NAME

(a) Residence, No. 340 1/2 E. Monroe St. St. Louis Ward.

(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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Joseph Hoff</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar 26 1906</u>		
7. AGE <u>35</u>	YEARS <u>31</u>	MONTHS <u>5</u>
	DAYS <u>70</u>	IF LESS than 1 day, hrs. or min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Insurance</u>
	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)
Rock Creek Mo

13. NAME
John Conrad

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Rock Creek Mo

15. MAIDEN NAME
Mary Diehl

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Missouri

17. INFORMANT (ADDRESS)
St. L. Co Hospital Records

18. BURIAL, CREMATION, OR REMOVAL
PLACE Rock Creek Cem. DATE Sept 7 1937

19. UNDERTAKER (ADDRESS)
Emmett W. Koch

20. FILED Sept 6 1937 Dr. J. J. Signorilli Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/5/37 . 19

22. I HEREBY CERTIFY, That I attended deceased from 8/25/37, 19, to 9/5/37, 19.

I last saw him alive on 9/5/37, 19. Death is said to have occurred on the date stated above, at 9:00 am.

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

Generalized Sclerosis Date of onset 8/20/37

Other contributory causes of importance:

Name of operation Laprotomy Date of 8/25/37

What test confirmed diagnosis? Spec 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?
If so, specify
(Signed) R. H. Robinson, M. D.
(Address) St. Louis Co Hosp

ENT 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.

information should be supplied to the public, as that information is not properly the property of the Government. Exact reproduction of the document is prohibited. Exact reproduction of the document is prohibited.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

35274-

Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis
(b) Township Clayton
(c) City St. Louis
(c) Length of residence in city or town where death occurred yrs. mos. ds.

Registration District No.

Primary Registration District No.

Registered No.

(d) Street No. St. Louis County Hosp. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)

(f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 3407 Franklin St. ☐
(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 F 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.
31 5 10

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)

13. NAME

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

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 19

Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 5 19 37

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:

Gen. Peritonitis Date of onset

Cause undetermined

Other contributory causes of importance:

Sub-diaphragmatic abscess

Appendicitis

Name of operation Laparotomy Date of 9-26-37

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?

If so, specify

(Signed) R. D. Robinson M. D.

(Address) St. L. Co. Hosp.

SUPPLEMENT 129

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.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

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