

NOV JUN 9 1938

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

16618
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
(b) Township Primary Registration District No. **1003**
(c) City **ST. LOUIS MO** (d) Street No. **2241 HOWARD STR** Registered No. **4479**
(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

AGNES HOCHTHORN
(a) Residence, No. **2241 HOWARD STR.** St. **20**
(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 **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 **LOUIS J. HOCHTHORN**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **NOVEMBER 14TH 1885**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
52 6 -

OCCUPATION 8. Trade, profession, or particular kind of work done, as lawyer, bookkeeper, etc. **HOUSE WORK**
9. Industry or business in which work was done, as saw mill, bank, etc. **AT HOME**
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**

FATHER 13. NAME **FRANK LINHOFF**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **ST. CHARLES MO**

MOTHER 15. MAIDEN NAME **ANNA MUELLER**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **ST. CHARLES MO**

17. INFORMANT (ADDRESS) **Louis J. Hochthorn 2241 Howard St**

18. BURIAL, CREMATION, OR REMOVAL PLACE **CALVARY** DATE **MAY 17TH 1938**

19. FUNERAL DIRECTOR (ADDRESS) **BROCKLAND UND. CO. 1827 HOGAN ST.**

20. FILED **MAY 16 1938** **J. D. Budick** Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **May 14 1938**

22. I HEREBY CERTIFY, That I attended deceased from **May 14**, 19**38**, to **May 14**, 19**38**.
I last saw h. **live on May 14 1938** Death is said to have occurred on the date stated above, at **5:00** p. m.

The principal cause of death and related causes of importance were as follows:
Recurrent carcinoma of breast (right) with metastases to lungs & left breast.
Date of onset

Other contributory causes of importance: **None**

Name of operation **Removal of breast** Date of **4/22/38**
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? 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) **J. D. Budick**, M. D.
(Address) **2206 Howard St**

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.

STATEMENT BY LICENSED EMBALMER

I, John B Brockland, Licensed Embalmer No. 93

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 John B. Brockland
Licensed Embalmer No. 93

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.)