REC'D APR 12 1939

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

8278
Do not use this space.

791
1003
2043

1. PLACE OF DEATH
(a) County
(b) Township
(c) City St. Louis, Mo.
(d) Street No. 47 City Sanitarium 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.

Registration District No.
Primary Registration District No.
Registered No.

2. PRINT FULL NAME 252 Minnie Hosang
(a) Residence, No. 4150 Papin St St. 18
(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: Max Hosang
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 2-26-1892
7. AGE: YEARS 47 MONTHS — DAYS 2 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Housework
9. Industry or business in which work was done, as saw mill, bank, etc.: Housewife
10. Date deceased last worked at this occupation (month and year): April 1931
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Louis, Missouri 0

FATHER
13. NAME: Phillip Lahm 6
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Germany 6

MOTHER
15. MAIDEN NAME: Minnie Hoffman
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Germany

17. INFORMANT (ADDRESS): R.J. Mueller, M.D. 5400 Arsenal St
18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE 3/3/39, 19
19. FUNERAL DIRECTOR (NAME) (ADDRESS): Edith E. Ambruster 4234 Manchester
20. FILED MAR 3 1939 J. D. Bredick Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 2-28-39, 19

22. I HEREBY CERTIFY, That I attended deceased from 7-1-38, 19, to 2-28-39, 19
I last saw her alive on 2-28-39, 19. Death is said to have occurred on the date stated above, at 5:38 A.M.
The principal cause of death and related causes of importance were as follows:

Hypertension Heart Disease with Decompensation 7-1-38x

Date of onset

Other contributory causes of importance:
Chronic Nephritis without aedema 2-10-39x
Anemia, secondary 2-21-39

Name of operation 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? 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. J. Mueller, M. D.
(Address) 5400 Arsenal St

(Licensed Embalmer's Statement on Reverse Side)

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 hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ...

....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed Florence Eymak

Licensed Embalmer No. 1284

P. O. Address St Louis Mo

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

If this body is not embalmed, above space should be left blank.