

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County.....
Township.....
City **St. Louis** (No.)

Registration District No. **791**
Primary Registration District No. **1003**
Jewish Hospital St. Ward)

5081

File No.
Registered No. **1911**

2. FULL NAME **MARIE NOELSCHER**

(a) Residence, No. St. **NR** Ward. **Life, Arkansas**
(Usual place of abode) (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 **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Single**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Sept. 23, 1917**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
22 5 3

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

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) **Life** (STATE OR COUNTRY) **Arkansas**

13. NAME **Herman Hoeschler**

14. BIRTHPLACE (CITY OR TOWN) **Franklin Co.** (STATE OR COUNTRY) **Missouri**

15. MAIDEN NAME **Annie Lauchstead**

16. BIRTHPLACE (CITY OR TOWN) **Green Co.** (STATE OR COUNTRY) **Arkansas**

17. INFORMANT **Herman Hoeschler** (ADDRESS) **Life, Arkansas**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Life, Arkansas** DATE **2-27-40**

19. UNDERTAKER **Albert H. Hoppe** (ADDRESS) **4700 Washington Ave.**

20. FILED **FEB 28 1940** **J. F. Budick** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **2-25**, 19 **40**

22. I HEREBY CERTIFY, That I attended deceased from **2-9**, 19 **40**, to **2-25**, 19 **40**

I last saw her alive on **2-25**, 19 **40** Death is said to have occurred on the date stated above, at **8:55** A. M.

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

Acute Rheumatic Fever.
Rheumatic Heart Disease
Pneumonia (bilateral) Bronchitis
Parasitosis

Other contributory causes of importance: **9562**

Name of operation..... Date of.....
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.....

(Signed) **Sam Schreiber**, M. D.
(Address) **216 S. Kingshighway**

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.

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