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.

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

Do not use this space.

41051

1. PLACE OF DEATH 7917

County 1 Registration District No. 1003 File No.

Township Primary Registration District No. Registered No. 10822

City St. Louis Mo. (No. Mo. Baptist Hospital St. Ward)

2. FULL NAME Infant Hohenshell N.R.

(a) Residence, No. 5428 Fletcher St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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 Boy

4. COLOR OR RACE white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 27, 1940

7. AGE YEARS MONTHS DAYS 1 If LESS than 1 day, hrs. or 10 min.

OCCUPATION

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

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) St. Louis Mo.

FATHER

13. NAME Fred Hohenshell

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

MOTHER

15. MAIDEN NAME Dorothy F. Bivrett

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Desoto Mo.

17. INFORMANT (ADDRESS) Mo. Baptist Hospital

18. BURIAL, CREMATION, OR REMOVAL

PLACE City Cem DATE 1-6 1941

19. UNDERTAKER (ADDRESS) Ira Hamilton City Health Dept

20. FILED 12-30, 1940 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 27, 1940

22. I HEREBY CERTIFY, That I attended deceased from Dec 27, 1940, to Dec 27, 1940

I last saw him alive on Dec 27, 1940 Death is said to have occurred on the date stated above, at 3a m.

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

Malformations of Pectus with Prematurity

Date of onset

Other contributory causes of importance:

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? ✓ 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) C. H. Kilker, M. D.

(Address) 3121 N. Grand Blvd.