

REC'D SEP 12 1938

 MISSOURI STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS
 CERTIFICATE OF DEATH
791
100827615
Do not use this space.

Registered No. 7629

1. PLACE OF DEATH

- (a) County Registration District No.
- (b) Township Primary Registration District No.
- (c) City St. Louis (d) Street No. 4930 Lindell Blvd. 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.

2. PRINT FULL NAME

- (a) Residence, No. Walker W. Hoch St. Kirkwood Mo.
525 E. Adams (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 Male
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 Sarah Hoch
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 12th, 1891
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
47 0 15

- OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Carpenter
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) Valley Park, Missouri

- FATHER
13. NAME Fred Hoch
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

- MOTHER
15. MAIDEN NAME Barbara Kroenlein
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Sarah Hoch
525 E. Adams, Kirkwood, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mo. Lebanon DATE 8-29, 1938

19. FUNERAL DIRECTOR (ADDRESS) Louis H. Bapp
Kirkwood, Mo.

20. FILED AUG 27 1938 J. F. Bredich
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 27, 193822. I HEREBY CERTIFY That I attended deceased from Aug 23rd, 1938, to Aug 27th, 1938I last saw him alive on Aug 27th, 1938. Death is said to have occurred on the date stated above, at 4:15 a.m.

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

Lobar Pneumonia Rth
Lower Lobes

Date of onset 8-26-38

Other contributory causes of importance:
Retrocecal appendiceal abscess
Peritonitis

Date of onset 8-23-38

Name of operation Appendiceal abscess Lap. Date of 8/23/38
 What test confirmed diagnosis? Exploratory 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 1938
 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. B. Waters, M. D.
 (Address) Kirkwood, Mo.

7629

7629

STATEMENT BY LICENSED EMBALMER

I, John M Meyer, Licensed Embalmer No. 3288
hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed John M Meyer
Licensed Embalmer No. 3288

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.)