

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

7319
6915

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 1002
 City St. Louis (No. St. Louis Hospital)..... St. Ward)

File No.
 Registered No. 1845

2. FULL NAME

(a) Residence. No. St. 75 Ward. Cleveland, Ohio
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

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 Missie Dellhoefer

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 13 - 1893

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
28 | 5 | 10

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Professional
 (b) General nature of industry, business, or establishment in which employed (or employer) Base Ball Player
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Ohio
 (STATE OR COUNTRY)

10. NAME OF FATHER Martin Dellhoefer

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ohio
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Miss Ella Butler

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ohio
 (STATE OR COUNTRY)

14. INFORMANT Edwin Dellhoefer
 (Address) Cleveland, Ohio

15. FILED 3 12 22 Max B. Starckoff
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 23 19 22

17. I HEREBY CERTIFY, That I attended deceased from 1/22/22, 19... to 2/23/22, 19... that I last saw him alive on 2/3/22, 19... and that death occurred, on the date stated above, at 8:30 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cholerae stercoraceae and cholelithiasis
 (duration) yrs. mos. 29 ds.

CONTRIBUTORY (SECONDARY)
 (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED HOME
 IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) A. J. Hall, M. D.
7/23, 19 22 (Address) University Club Bldg.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Mobile Club DATE OF BURIAL Feb 23 19 22

20. UNDERTAKER Hallen and Co ADDRESS 5165