

DEC 17 1937

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

41217  
Do not use this space.

1. PLACE OF DEATH

(a) County Franklin Registration District No. 297  
(b) Township \_\_\_\_\_ Primary Registration District No. 3016  
(c) City Washington, Mo. (d) Street No. 208 Jefferson St 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 55 yrs. X mos. X ds. (f) How long in U. S., if of foreign birth? 55 yrs. mos. ds.

2. PRINT FULL NAME August Felix Hoer

(a) Residence, No. 208 Jefferson Street, Washington, Mo  
(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 Mrs Rose Hoer (nee Bueker)  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 1st 1862  
7. AGE YEARS 75 MONTHS 2 DAYS 23 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farming  
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 1925 11. Total time (years) spent in this occupation 45

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carlsruh Baden Germany

13. NAME August Hoer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT August Hoer Jr  
(ADDRESS) Washington, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington, Mo DATE Nov, 27th 1937

19. FUNERAL DIRECTOR Nieburg & Vitt Inc.,  
(ADDRESS) Washington, Mo.

20. FILED Nov, 26th 1937 N. A. May  
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 24<sup>th</sup> 1937  
22. I HEREBY CERTIFY, That I attended deceased from Nov. 4 - 1936 to Nov. 24 - 1937  
I last saw him alive on Nov. 24 - 1937. Death is said to have occurred on the date stated above, at 6.40 P.M.  
The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage (apoplexy) Date of onset 11-21-37  
Chronic Endocarditis  
Chronic interstitial nephritis  
Arteriosclerosis

Other contributory causes of importance: \_\_\_\_\_  
Name of operation None 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? No  
If so, specify \_\_\_\_\_  
(Signed) N. A. May M. D.  
(Address) Washington, Mo.

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, A. F. Heiberg

Licensed Embalmer No. 2387

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_  
working under my personal supervision.

Registered Apprentice No. \_\_\_\_\_

Signed A. F. Heiberg

Licensed Embalmer No. \_\_\_\_\_

**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.)**