

REC'D APR 8 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH12069
Do not use this space.

1. PLACE OF DEATH

(a) County St. LouisRegistration District No. 784

(b) Township

Primary Registration District No. 200Registered No. 523(c) City Overland(d) Street No. 2484 Hartland Ave.

(If death occurred in Hospital or Institution, write its name instead of street and number) St.

(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

JOHN ALBERT HOEL 400(a) Residence, No. 2484 HARTLAND

(Usual place of abode, if no street address, write county or city)

St.

(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

Marguerite Hoel

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 5, 1892

7. AGE

YEARS
45MONTHS
6DAYS
15If LESS than 1
day, hrs.
or min.

OCCUPATION

8. Trade, profession, or particular kind of
work done, as sawyer, bookkeeper, etc.9. Industry or business in which work
was done, as saw mill, bank, etc. Grocer10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (CITY OR TOWN) St. Louis
(STATE OR COUNTRY) Mo.13. NAME Harry Hoel14. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY)15. MAIDEN NAME Unknown Arrington16. BIRTHPLACE (CITY OR TOWN) Virginia
(STATE OR COUNTRY)17. INFORMANT Mrs. Marguerite Hoel
(ADDRESS) 2484 Hartland Ave.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Zion Cemetery DATE 3-23, 193819. FUNERAL DIRECTOR Kriegshauser Mortuaries
(ADDRESS) 4228 So. Kingshighway20. FILED 3-21, 1938J. A. Meyer, M. D.
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) MARCH 20, 193822. I HEREBY CERTIFY, That I attended deceased from
FEB 10, 1935, to MARCH 20, 1938I last saw him alive on MARCH 20, 1938. Death is saidto have occurred on the date stated above, at 5:40 A. M.

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

CIRRHOSIS OF LIVER
MYOCARDITISDate of onset
2-10-35
1934

Other contributory causes of importance:

ACUTE NEPHRITIS
CORONARY OCCLUSION11-30-37
3-19-38Name of operation NONE Date of _____What test confirmed diagnosis? CLINICAL Was there an autopsy? NO23. 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) Norman J. Shaker, M. D.(Address) 9621 ACKLAND RD.
OVERLAND, MO.

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.

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

..... L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed

Reinhold K. Lohmann

Licensed Embalmer No. 3395

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.)