

REC'D JUN 9 1938

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

16992
Do not use this space.

1. PLACE OF DEATH

(a) County
(b) Township
(c) City St. Louis (d) Street No. 1901 Oregon Ave 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.

Registration District No. 791

Primary Registration District No. 1003

Registered No. 4853

2. PRINT FULL NAME

Josephine Hoell
(a) Residence, No. 1901 Oregon Ave St. 29
(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 Female 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 Alex H. Hoell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) November 27 1878

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
59 5 28

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. At Home
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) Missouri

FATHER 13. NAME Christian Wunsch

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

MOTHER 15. MAIDEN NAME Unknown

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

17. INFORMANT Alex H. Hoell
(ADDRESS) 1901 Oregon Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Sunset Burial Park DATE May 28 1938

19. FUNERAL DIRECTOR Petz Brothers
(ADDRESS) 3029 Lafayette Ave

20. FILED MAY 26 1938 J. B. Buehler
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 25 1938 19

22. I HEREBY CERTIFY, That I attended deceased from Mar 19 1938, to May 25 1938.
I last saw her alive on Mar 19 1938. Death is said to have occurred on the date stated above, at 7:20 A.M.

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

Chronic Myocardial Disease
Arterial Sclerosis
Chronic Bronchitis
Emphysema
Obesity
Diabetes
5/24/38

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? No
If so, specify

(Signed) J. B. Buehler, M. D.
(Address) 3206 Lafayette Ave

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

FORM 7-20-37 I X12004

*Dr. Weinstock
3206d of forgetts bus.*

STATEMENT BY LICENSED EMBALMER

I, *Francis Owens*, Licensed Embalmer No. *2245*

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 *Francis Owens*
Licensed Embalmer No. *2245*

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.)