

REC'D JUN 9 1938

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

17053

Do not use this space.

4914

1. PLACE OF DEATH

(a) County..... Registration District No. **791**
 (b) Township..... Primary Registration District No. **10003**
 (c) City **St. Louis,** (d) Street No. **3919 Illinois Ave.** St. **Illinois**
 (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. da. (f) How long in U.S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

Henry F. Hoernschemeyer **652**
 (a) Residence, No. **3919 Illinois Ave.** St. **24**
 (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 **Elizabeth Hoernschemeyer**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Oct. 15, 1863.**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
74 **7** **11**

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Teacher**
 9. Industry or business in which work was done, as saw mill, bank, etc. **Retired 15 yrs.**
 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) **Germany.**13. NAME **Dont Know.**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Dont Know.**15. MAIDEN NAME **Dont Know.**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Dont Know.**17. INFORMANT **Elizabeth Hoernschemeyer**
(ADDRESS) **3919 Illinois Ave.**18. BURIAL, CREMATION, OR REMOVAL **New SS. Peter & Paul** DATE **May 30, 1938.**19. FUNERAL DIRECTOR **J. H. Huber & Co.**
(ADDRESS) **2842 Meramec St.**20. FILE **MAY 27 1938** **J. D. Predeck**
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **May 26** : 19**38**22. I HEREBY CERTIFY, That I attended deceased from **March 26th**, 19**38**, to **May 26th**, 19**38**I last saw him alive on **May 26th**, 19**38**. Death is said to have occurred on the date stated above, at **11:00 P.M.**

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

Myocarditis, chronic Date of onsetOther contributory causes of importance:
Chronic Bronchitis

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 **Walter D. Huber, M. D.**(Signed) **Walter D. Huber, M. D.**(Address) **1800 S. Broadway**

STATEMENT BY LICENSED EMBALMER

I, Herman A. Gebken, Licensed Embalmer No. 2120

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 Herman A. Gebken

Licensed Embalmer No. 2120

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.)