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.

DEC 12 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH 791

37861
Do not use this space.

1. PLACE OF DEATH
(a) County
(b) Township
(c) City ST. LOUIS
(d) Street No. MISSOURI BAPTIST 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. 1003
Primary Registration District No.
Registered No. 10188

2. PRINT FULL NAME 460 JOSEPHINE HOELLER
(a) Residence, No. 5408 S. BDWAY St. 15
(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): WIDOW
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: HERMAN HOELLER
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): NOV. 1 - 1857
7. AGE: 81 YEARS | MONTHS: — | DAYS: 21. | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: INMATE
9. Industry or business in which work was done, as saw mill, bank, etc.: ST. LOUIS ALTENHEIM
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): ST. LOUIS, MO

FATHER
13. NAME: HENRY GEORGIAN
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): UNKNOWN

MOTHER
15. MAIDEN NAME: UNKNOWN
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): UNKNOWN

17. INFORMANT (ADDRESS): ST. LOUIS ALTENHEIM 5408 S. BDWAY
18. BURIAL, CREMATION, OR REMOVAL
PLACE: CALVARY DATE: NOV. 26 1938
19. FUNERAL DIRECTOR (NAME) (ADDRESS): JOSP. FENDLER JR. 7128 MICHIGAN AVE
20. FILED: NOV 24 1938 J. F. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): NOV. 22, 1938
22. I HEREBY CERTIFY, That I attended deceased from Sept 15, 1938, to Nov 22, 1938
I last saw her alive on Nov 22, 1938. Death is said to have occurred on the date stated above, at 8 P m.
The principal cause of death and related causes of importance were as follows:

Bronchopneumonia — Date of onset: Nov 17

54 B

Other contributory causes of importance:
Large Uterine Fibroids, nonmalignant
Chr Myocarditis
arteriosclerosis

Name of operation: Supratomy Date of: Nov 10 1938
What test confirmed diagnosis? operation 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?
If so, specify
(Signed) Max Starkloff Jr, M. D.
(Address) 512 Dover Pl.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ...

....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed Jos. P. Fendler Jr.

Licensed Embalmer No. 925

P. O. Address St Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.