NOV 23 1938 DEC 8 1938

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

40327
Do not use this space.

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.

1. PLACE OF DEATH

(a) County St. Louis — Registration District No. 784
(b) Township — Primary Registration District No. 200 — Registered No. 1919
(c) City Lemay — (d) Street No. R.R.9, Box 401 - Lemay, Mo. 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.

2. PRINT FULL NAME Mary Hoevelmann

(a) Residence, No. R.R.9, Box 401-Lemay, Mo. St.
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Theodore Hoevelmann

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 9, 1853

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
85	1	13	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home
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)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 6

FATHER
13. NAME Otten
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 6

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 6

17. INFORMANT Bertha Cohn
(ADDRESS) R.R.9, Box 401-Lemay, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE SS. Peter & Paul DATE Nov. 25, 1938

19. FUNERAL DIRECTOR (NAME) Wacker-Helderle
(ADDRESS) 2331 So. Broadway

20. FILED NOV 23 1938 19 [illegible] 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 August 8th, 1938, to November 22, 1938
I last saw her alive on November 21/38, 1938. Death is said to have occurred on the date stated above, at 10:40 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage (Apoplexy)	8/8-38
Other contributory causes of importance:	
Arterio Sclerosis	Indefinite

Name of operation None Date of —
What test confirmed diagnosis? Clinical Symptoms 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) [illegible], M. D.
(Address) 1544 So Broadway

(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, Frank J. Hyland Sr., or by

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

Signed Frank J. Hyland Sr.

Licensed Embalmer No. 2645

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.