REG'D JUN 14 1939

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

19432
Do not use this space.

1. PLACE OF DEATH
(a) County Perry
(b) Township Cinque Homme
(c) City
Registration District No. 659
Primary Registration District No. 5876
Registered No. 58
(d) Street No. 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 Mrs. Philomine Hoehn
(a) Residence, No. 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: 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: Charles C. Hoehn
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 28 1875
7. AGE: Years 63 | Months 11 | Days 26 | If 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. House Wife
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): Perry Co. Mo. 0

FATHER
13. NAME: Peter Fassold 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Perry Co. Mo. 0

MOTHER
15. MAIDEN NAME: Barbara Hoehn
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Perry Co. Mo.

17. INFORMANT (ADDRESS): Charles C. Hoehn Perryville R.F.D.
18. BURIAL, CREMATION, OR REMOVAL PLACE: Perryville Mo. DATE: May 26, 39
19. FUNERAL DIRECTOR (NAME) (ADDRESS): Young & Sons Perryville Mo.
20. FILED: May 26, 1939 Martin Mockel Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 24, 1939
22. I HEREBY CERTIFY, That I attended deceased from Apr 29, 1939, to May 24, 1939
Last saw her alive on May 23, 1939. Death is said to have occurred on the date stated above, at 12:10 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pernicious Anemia	1 yr.
57 P	
Other contributory causes of importance:	
Hypertension	
Chronic Arthritis	2 yrs

Name of operation: None 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?
If so, specify
(Signed) Oscar A. Carron, M. D.
(Address) Perryville Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

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 Edward C. Young

Licensed Embalmer No. 2138

P. O. Address Pemphlle ma

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.