

Registration District No. 791Primary Registration District No. 1003

1. PLACE OF DEATH:

- (a) County _____
 (b) City or town St. Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
BARNES HOSPITAL.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2 days
 (Specify whether

In this community _____
years, months or days3. (a) PRINT 200
FULL NAME FRED ADAM HOCH3. (b) If veteran, name war World War3. (c) Social Security No. 183-03-53524. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married6. (b) Name of husband or wife Florence Hoch. 6. (c) Age of husband or wife if alive 40 years7. Birth date of deceased January 26, 1890.
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
50 0 11 hr. _____ min.9. Birthplace Carlinville, Illinois.
(City, town, or county) (State or foreign country)10. Usual occupation Drug Salesman11. Industry or business John Wyeth & Bro. Co.12. Name Adam Hoch.13. Birthplace ? Germany.
(City, town, or county) (State or foreign country)14. Maiden name Emma Meiners.15. Birthplace Carlinville, Illinois.
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Mrs. Florence Hoch.(b) Address 1126 Ralph Terrace.17. (a) Burial (b) Date thereof 2-9-1940.
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Carlinville, Illinois.18. (a) Signature of funeral director Harry J. Askemeyer.(b) Address 5195 Vernon Ave.19. (a) FEB 7 1940 (b) J. D. Bredich
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County St. Louis
 (c) City or town Richmond Heights NR
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1126 Ralph Terrace
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 6
year 1940 hour 12 minute 10 P.M.21. I hereby certify that I attended the deceased from
February 4, 1940 to February 6, 1940;
that I last saw him alive on February 6, 1940
and that death occurred on the date and hour stated above.Immediate cause of death Coronary occlusion
with myocardial
infarction.
Due to Chronic myocarditis
Due to _____

Duration

Other conditions _____
(Include pregnancy within 3 months of death)Major findings: _____
Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____
 (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____23. Signature M. Anderson (M. D. or other) _____
Address BARNES HOSPITAL Date signed 2-6-40

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.....

Leonard W. Frazier....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Leonard W. Frazier
.....

Licensed Embalmer No. *2678*

P. O. Address *St Louis, Mo.*

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.)

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