FILED APR 15 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 8981
2464

Registration District No. 791 Primary Registration District No. 1003 Registrar's No.

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: 2407 Menard Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community 60 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis 23
(If outside city or town limits, write "RURAL")

(d) Street No. 2407 Menard Street
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 55 years.

3. (a) PRINT FULL NAME MRS. GABRIELLA HOESER

3. (b) If veteran, name war ---

3. (c) Social Security No. ---

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Adolph Hoeser

6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased October 4, 1879 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
60	5	9	hr. min.

9. Birthplace Paris (City, town, or county) France (State or foreign country)

10. Usual occupation Household

11. Industry or business

FATHER 12. Name LaRuez
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER 14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Adolph Hoeser
(b) Address 2407 Menard St.

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof March 15, 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Missouri Crematory

18. (a) Signature of funeral director Beiderwieden Funeral Home
(b) Address 1936 St. Louis Avenue

19. (a) APR 14 1940 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 13th year 1940 hour 8 minute 45 A. M.

21. I hereby certify that I attended the deceased from Oct 7, 1939 to March 13, 1940 and that I last saw her alive on March 12, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Mitral Stenosis — Duration 1 year

Due to

Due to

Other conditions Arteriosclerosis — Duration not known
(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? (Specify type of place)

While at work? (e) Means of injury

23. Signature [illegible] (M. D. or other)

Address [illegible] Date signed 4/15/40

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

MARGIN RESERVED FOR BINDING

50M-5-17-39 Rev. 5-17-39 1 X19511

Dr. A. E. Travis
2450 S. Jefferson.

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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 Felix G. Krupica

Licensed Embalmer No. 3497

P. O. Address 1936 St. Louis

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.