

S. No. 2
-11-
5-17-
X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
JUN 15 1940

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

16772

State File No.

Registrar's No. 4251

Registration District No. 791

Primary Registration District No. 1003

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

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:
419 Bates
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Pauline Louise Hohaus ²⁰⁰

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race Wh 6. (a) Single, widowed, married, divorced Wid.

6. (b) Name of husband or wife late Herman Hohaus 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased May 23, 1860
(Month) (Day) (Year)

8. AGE: Years 79 Months 11 Days 19 If less than one day hr. min.

9. Birthplace St Louis County, Mo
(City, town, or county) (State or foreign country)

10. Usual occupation none

11. Industry or business _____

MOTHER FATHER { 12. Name Fred Joern

18. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Un Known

15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Olga Hohaus

(b) Address 419 Bates

17. (a) Burial (b) Date thereof 5-14-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Johns Cemetery

18. (a) Signature of funeral director Eastern W.C. Mehlville

(b) Address 6322 S. Grand

19. (a) MAY 13 1940 (b) J.P. Bensch
(Date received local registrar) (Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Louis
(c) City or town St. Mehlville
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) N.R.
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 12TH
year 1940 hour 7 minute A.M.

21. I hereby certify that I attended the deceased from May 3
1940 to May 12 1940;
that I last saw her alive on May 11 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death Signature Myocarditis Duration 2 yrs

Due to Senility 3 yrs

Due to _____

Other conditions [Signature]
(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 E.H. West m.d. (M. D. or other) _____
Address 439 Bates St Date signed 5/13/40

Dr. Nestor Bros Hosp
Alhambra
11:30

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 Virgil L. Berryman

Licensed Embalmer No. 4018

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.