

Registration District No. **791**

Primary 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:
ST LOUIS ALTENHEIM 1
(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 **5 7**

8. (a) PRINT FULL NAME **FRED J. HOCKMUTH**

8. (b) If veteran, name war **NO** 8. (c) Social Security No. **NO**

4. Sex **MALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **MARRIED**

6. (b) Name of husband or wife **CAROLINE** 6. (c) Age of husband or wife if alive **77** years

7. Birth date of deceased **Nov. 17 1862**
(Month) (Day) (Year)

8. AGE: Years **77** Months **3** Days **14** If less than one day _____ hr. _____ min.

9. Birthplace **ST LOUIS MO. D**
(City, town, or county) (State or foreign country)

10. Usual occupation **SALESMAN**

11. Industry or business **RETIRED**

MOTHER FATHER { 12. Name **UNKNOWN** 9

13. Birthplace **UNKNOWN**
(City, town, or county) (State or foreign country)

MOTHER FATHER { 14. Maiden name **UNKNOWN**

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

16. (a) Informant **John W. Horst**

(b) Address **5408 S. Broadway**

17. (a) **BURIAL** (b) Date thereof **AUG. 5 40**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **BELLEFONTAIN CEM.**

18. (a) Signature of funeral director **Dr. J. F. Miller**

(b) Address **717 1/2 Michigan Ave.**

19. (a) **AUG 4 1940** (b) **J. H. Debeck**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO** (b) County _____
 (c) City or town **ST LOUIS 15**
(If outside city or town limits, write "RURAL")
 (d) Street No. **5408 S. BROADWAY**
(If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug** day **3**
 year **1940** hour **12** minute **20 P.** M.

21. I hereby certify that I attended the deceased from **May** 1939 to **Aug 3** 1940
 that I last saw him alive on **Aug 3** 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Hemorrhage** Duration **5 days**

Due to **arteriosclerosis, ph. my condition**

Due to _____

Other conditions **an**
(Include pregnancy within 3 months of death)

Major findings: Of operations **an**

Of autopsy **an**

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 **an**

(c) Where did injury occur? **an**
(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 **Max Starckoff** (M. D. or other) **MD**
 Address **516 Dan St** Date signed **8/4/40**

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

925
ST LOUIS
2000

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 J. C. Fendler, Jr.
Licensed Embalmer No. 925
P. O. Address 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.