

DEPARTMENT OF COMMERCE
BUREAU OF PUBLIC HEALTH
FILED OCT 16 1940

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

82324

State File No. _____

Registration District No. 425

Primary Registration District No. 5580

Registrar's No. 14-41

1. PLACE OF DEATH:

(a) County Jefferson County
(b) City or town Eureka Rural, Meramec
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Hoene Sanities
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 20
In this community over 40 years
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME Agnes Marie Hoene

3. (b) If veteran, name war No 3. (c) Social Security No. None

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

6. (b) Name of husband or wife William J. Hoene 6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased October 9, 1872
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
67 11 9 hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Bernard Schulte

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

14. Maiden name Louise Hackman

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

16. (a) Informant Wm. Hoene

(b) Address Hoene Sanities Eureka Mo

17. (a) Burial (b) Date thereof Sept. 21 '40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cem.

18. (a) Signature of funeral director Bronschurg Ind. Co

(b) Address 4746 W Florissant Ave.

19. (a) 20 Sept 1940 (b) James A. Toward
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 18
year 1940 hour 4 minute 15 A.M.

21. I hereby certify that I attended the deceased from 6:30
1939 to Sept 18, 1940
that I last saw her alive on Sept 17, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage.

Due to arterio sclerosis

Due to HTA

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy _____

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? 380

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature A. M. Brock (M. D. or other) _____

Address Eureka Mo. Date signed 9/18/40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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.....

Guy W. Wilkinson

Licensed Embalmer No.....

3575

P. O. Address.....

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, fact should be so stated above.