No. 2
13-40
7-39
X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 36913

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 9186

FILED DEC 11 1940

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: Josephine Heitkamp
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 days (Specify whether)

In this community 1 yr
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis 14
(If outside city or town limits, write "RURAL")

(d) Street No. 5341 Chippewa
(If rural, give location)

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

3. (a) PRINT FULL NAME Valeria Hohreiter

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 Emile Hohreiter

6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased Dec. (Month) 11 (Day) 1868 (Year)

8. AGE: Years 71 Months 10 Days 26 If less than one day hr. min.

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

10. Usual occupation house wife

11. Industry or business at home 7

FATHER
12. Name Pascal Rahier
13. Birthplace (City, town, or county) Belgium (State or foreign country) 7

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

16. (a) Informant Emile Hohreiter
(b) Address 5341 Chippewa

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 11-9-40 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Olive

18. (a) Signature of funeral director Fendler Und. Co.
(b) Address 7420 Michigan Ave.

19. (a) NOV 8 1940 (Date received local registrar) (b) J. F. Budick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. 6 day 1940 - year 5 hour 20 minute P M.

21. I hereby certify that I attended the deceased from Aug - 9 - 40, 19 to Nov - 6, 1940 that I last saw her alive on Nov. 6, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic Interstitial Nephritis	3 1/2 months
Due to unknown	
Due to	
Other conditions none (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 J. P. Hemericks Jr. (M. D. or other)
Address 6200 Columbia Date signed 11/7/40

(Licensed Embalmer's Statement on Reverse Side)

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 Oliver E. Fendler

Licensed Embalmer No. 4145

P. O. Address St Louis, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.