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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 40315

JAN 15 1941

Registration District No. 7911 Primary Registration District No. 1003 Registrar's No. 10086

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis Mo. 3
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: on Cherokee Bus.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 70 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County

(c) City or town ST. LOUIS 24
(If outside city or town limits, write "RURAL")

(d) Street No. 3320 CALIFORNIA
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 70 years.

3. (a) PRINT FULL NAME CHARLES HOERR

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Bridget HOERR

6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased Aug 11. 1865
(Month) (Day) (Year)

8. AGE: Years 75 Months 3 Days 25 If less than one day hr. min.

9. Birthplace Wisconsin 1
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Teamster 1

11. Industry or business 6

FATHER
12. Name Henry Hoerr
13. Birthplace Germany
(City, town, or county) (State or foreign country)

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

16. (a) Informant Bridget Hoerr
(b) Address 3320 California Ave.

17. (a) Burial (b) Date thereof Dec 10/40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation S.S.Peter & Paul

18. (a) Signature of funeral director [illegible]
(b) Address 2906 Gravois Av

19. (a) DEC 9 1940 (b) J. N. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC day 7
year 1940. hour 5.30 minute P M.

21. I hereby certify that I attended the deceased from March 3, 1940, to Dec 7, 1940
that I last saw him alive on Dec 5, 1940
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Occlusion	1 day
Due to Arteriosclerotic Heart Disease	1 yr
Due to	
Other conditions (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 1

23. Signature [illegible] (M. D. or other)
Address 2924 S. Grand Av. Date signed 12/8/40

(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 Leo Budde, Registered Apprentice No. ..... working under my personal supervision.

Signed Leo Budde

Licensed Embalmer No. 3989

P. O. Address St. Louis

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.