

FILED MAY 13 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 12490

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 2920

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: Missouri Baptist Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 days
(Specify whether)

In this community.....
years, months or days

3. (a) PRINT FULL NAME Christian Hochgrebe

3. (b) If veteran, name war None

3. (c) Social Security No. 491-16-8021

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Late Dena Hochgrebe

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

7. Birth date of deceased May 21st 1868
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
72	10	11	hr. min.

9. Birthplace Germany 4
(City, town, or county) (State or foreign country)

10. Usual occupation Night man

11. Industry or business Heinecke Coal Co.

MOTHER FATHER

12. Name Unknown Hochgrebe

13. Birthplace Germany 4
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Louise Treuel

(b) Address 4324 Tholozan Ave.

17. (a) Burial (b) Date thereof 4-4-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Paul's Churchyard

18. (a) Signature of funeral director Kriegshauser Mortuaries

(b) Address 4228 So. Kingshighway Blvd.

19. (a) APR - 2 1941 (b) J.P. Bredsch
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County.....

(c) City or town St. Louis 000
(If outside city or town limits, write "RURAL") 17
7.5 9

(d) Street No. 4324 Tholozan Ave.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 1st
year 1941 hour 8:30 minute P.M. M.

21. I hereby certify that I attended the deceased from Mar 12th, 1941, to Apr 1st, 1941;
that I last saw him alive on Apr 1st, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death
Carcinoma, right mandible at angle of horizontal and ascending ramus. Microcardial incompetency

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Carcinoma at angle of right mandible, buccal side.
Of autopsy none

Duration	
From history	3-4 weeks
Eda	
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) no

(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 0

Signature J.C. Handree (M. D. or other)

Address 437 University Club Bldg Date signed 4-2-41

Dr. J.C. Landree
U. Club Bldg. 2-5 P.M.

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 *Reinhold F. Lohmann*

Licensed Embalmer No. *3395*

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.