

No. 2  
1-4-41  
17-39  
X26390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **33609**  
Registrar's No. **8567**

FILLED NOV 27 1941  
Registration District No. \_\_\_\_\_

Primary Registration District No. **1003**

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:  
**Luthern Home 5**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **1 day**  
(Specify whether years, months or days)  
In this community **60 Years**

3. (a) PRINT FULL NAME **Leona Hoeman**

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

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widow 2**

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

7. Birth date of deceased **May 18 1866**  
(Month) (Day) (Year)

| 8. AGE: | Years     | Months   | Days     | If less than one day |
|---------|-----------|----------|----------|----------------------|
|         | <b>75</b> | <b>5</b> | <b>9</b> | hr. min.             |

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

10. Usual occupation \_\_\_\_\_

11. Industry or business **Home**

12. Name **Joseph Vermeesh**

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

14. Maiden name **Caroline Dehocher**

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

16. (a) Informant **Emil Hoeman**

(b) Address **5037 Fendler Pl.**

17. (a) **Burial** (b) Date thereof **10-30-41**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Sunset Burial Park**

18. (a) Signature of funeral director **Walter Le... & Co.**

(b) Address **3634 Gravois Ave.**

19. (a) **OCT 29 1941** (b) **J. F. Brudek**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Louis**  
(c) City or town **St. Louis**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **5037 Fendler Pl.**  
(If rural, give location)  
(e) Citizen of foreign country? **( )** (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October** day **27** th.  
year **1941** hour **6** minute **25** P.M.

21. I hereby certify that I attended the deceased from **Oct 26 1941**  
**October 27 1941**  
and that death occurred on the date and hour stated above.

Immediate cause of death **acute myocardial infarction previous chronic condition**  
Due to **arterio sclerosis**  
Duration **3 days**

Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) **93d**

Major findings: Of operations **93c**  
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? \_\_\_\_\_

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

23. Signature **W. F. Brudek** (M. D. or other) **D**  
Address **10714 Gravois** Date signed **10/28/41**

**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.....

Licensed Embalmer No. *2645*

P. O. Address..... *St Louis Mo*

**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.**