

No. 2  
4-13-40  
-17-39  
I. X23159

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

8717  
State File No. \_\_\_\_\_  
2775  
Registrar's No. \_\_\_\_\_

FILED APR 13 1942  
791

Registration District No. \_\_\_\_\_ Primary Registration District No. 1003

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:  
2926a Palm Str.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 10  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2926a Palm Str.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? No. 0 years.

3. (a) PRINT FULL NAME EMIL B. Hoeschen

3. (b) If veteran, name war None 3. (c) Social Security No. 489-05-4568

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

6. (b) Name of husband or wife Sophia Hoeschen 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased July 16, 1875  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
66 8 10 \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Chemical Worker,

11. Industry or business Mallinckrodt Chemical Works.

MOTHER FATHER { 12. Name Frank Hoeschen

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

14. Maiden name Anna Flottesmesch.

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

16. (a) Informant Mrs. Sophia Hoeschen

(b) Address 2926a Palm Str.

17. (a) Burial (b) Date thereof 3/30/42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director \_\_\_\_\_

(b) Address 2117 E. Grand Blvd.

19. (a) MAK 28 1942 (b) J. F. Berdeck  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 26  
year 1942 hour 10 minute A M.

21. I hereby certify that I attended the deceased from March 26  
1941, to March 26, 1942  
that I last saw him alive on March 24, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of  
Esophagus.

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

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

Duration

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 \_\_\_\_\_

23. Signature W. G. Colman M.D. (M. D. or other) \_\_\_\_\_  
Address 2902 Olive St. Date signed 3-27-42

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

X-4-4

(Licensed Embalmer's Statement on Reverse Side)

Mr. H. G. Coleman  
Je 5600  
3903 Olive St.

11 A.M. To 12<sup>45</sup> 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.....

*Frank A. Moore*

Licensed Embalmer No.....

3041

P. O. Address.....

2117 E. Grand

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.