

**JUL 27 1942**

Registration District No. 154

Primary Registration District No. 200

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town Jefferson Barracks, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Station Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community June 27, 1942 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Cook 999  
(c) City or town Chicago 11  
(If outside city or town limits, write "RURAL") 0  
(d) Street No. 3943 W Polk Street  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country 2

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day Seventeenth  
year 1942 hour 21 minutes 41 M.  
21. I hereby certify that I attended the deceased from July Seven-  
teenth 42 to July Seventeenth 19 42  
that I last saw him alive on July Seventeenth 19 42  
and that death occurred on the date and hour stated above.  
Immediate cause of death Brain Hemorrhage

Duration

Due to Heat, ill defined effects of,  
Sun,

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

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

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

Of autopsy Confirmed above.

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) \_\_\_\_\_ 096  
(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) (Means of injury)

23. Signature Henry Sydow, Capt. MC (M. D. or other) MC  
Address Station Hospital, Jeff. Bks., Mo. 7-1842

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

3. (a) PRINT FULL NAME

EDWARD S. HOHMAN

3. (b) If veteran, name war

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3. (c) Social Security No.

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4. Sex

Male

5. Color or race

White

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

Single

6. (b) Name of husband or wife

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

7. Birth date of deceased

October 30 1906  
(Month) (Day) (Year)

8. AGE:

Years 35 Months 9 Days 17 If less than one day  
hr. \_\_\_\_\_ min.

9. Birthplace

Chicago

Illinois

10. Usual occupation

Auto Mechanic

11. Industry or business

Auto Mechanic

MOTHER FATHER

12. Name Phillip (none) Hohman

13. Birthplace Unknown

14. Maiden name Unknown

15. Birthplace Unknown

16. (a) Informant Clinical Record

(b) Address Station Hospital, Jeff. Bks., Mo.

17. (a) Removal (b) Date thereof 7-19-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chicago, Ill.

18. (a) Signature of funeral director Edward S. Hohman, Inc.

(b) Address 1314 Argonne Dr. - Kirkwood, Mo.

19. (a) JUL 18 1942 (b) \_\_\_\_\_  
(Date received local registrar) (Registrar's signature)

APR 30 1947

**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..... *Louis H Bopp*.....  
Licensed Embalmer No..... *921*.....  
P. O. Address..... *Kirkwood*.....

**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.**