S. No. 2
M—5-42
5-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

7600

State File No.

FILED MAR 11 1943

Registration District No. 784 Primary Registration District No. 200 Registrar's No. 492

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

**1. PLACE OF DEATH:**

(a) County St. Louis

(b) City or town Bellefountaine (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: None (Olive Street Road) / (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether In this community 45 years years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County St. Louis

(c) City or town Bellefountaine (If outside city or town limits, write "RURAL")

(d) Street No. Olive St. Road Near Schoettler (If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country /

3. (a) PRINT FULL NAME Henry C. Hoch

3. (b) If veteran, name war None

3. (c) Social Security No. NONE

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Lillian Weber Hoch

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

7. Birth date of deceased May 21 - 1887 (Month) (Day) (Year)

8. AGE: Years 55 Months 8 Days 5 If less than one day hr. min.

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

10. Usual occupation Laborer

11. Industry or business St. Louis, City Water Co.

FATHER
12. Name Edward J. Hoch
13. Birthplace ? (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Amalia Kroenung
15. Birthplace St. Louis Co. (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Velma Waller

(b) Address Chesterfield, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 28-1943 (Month) (Day) (Year)

(c) Place: burial or cremation St. John Cem. Bellefountaine, Mo.

18. (a) Signature of funeral director Schrader Funeral Home

(b) Address Ballwin, Mo.

19. (a) MAR 2 1943 (Date received local registrar) (b) C. G. McGarron MD (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Feb. day 26 year 1943 hour 7 minute 40 A. M.

21. I hereby certify that I attended the deceased from February 17, 1943, to Feb. 25, 1943, that I last saw him alive on Feb. 25, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Ruptured gall-bladder

Due to Infection and gallstones

Due to

Other conditions (Include pregnancy within 3 months of death) Bronchical Asthma

Major findings:
Of operations X
Of autopsy X

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) X

(b) Date of occurrence X

(c) Where did injury occur? X (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? X (e) Means of injury X

23. Signature Rose Minnie Rose (M. D. or other)

Address 5411 Easton Ave. Date signed 9/27/43

(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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Theo. Schrader

Licensed Embalmer No.....

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.**