

Registration District No. _____

Primary Registration District No. **3058**

1. PLACE OF DEATH:

(a) County **St. Charles**

(b) City or town **St. Charles, Mo.**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Joseph 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 _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **St. Louis**

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

(d) Street No. _____
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Henry Hoormann.**

3. (b) If veteran, name war **No**

3. (c) Social Security No. **None**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **8**
year **1943** hour **1.00** minute **P.M.** M.

4. Sex **Male**

5. Color or race **White**

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased **Sept. 10, 1873.**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **4/6**
19**43** to **4/8** 19**43**
that I last saw h. **im** alive on **4/8** and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	69	6	28	_____ hr. _____ min.

Immediate cause of death **Carcinoma of jaw** **12 yrs**

Due to _____

Due to _____

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

10. Usual occupation **Retired Farmer**

Other conditions **Pulmonary Embolism** **1 hr.**
(Include pregnancy within 3 months of death)

11. Industry or business _____

12. Name **Henry Hoormann**

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

14. Maiden name **Annie Keever**

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

Major findings: **Carcinoma of jaw, Tongue and cheek**

Of operations _____

Of autopsy **none**

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant **Henry C. Hoormann**

(b) Address **Robertson, Mo.**

17. (a) Burial (b) Date thereof **April 12/43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Florissant, Mo.**

18. (a) Signature of funeral director **Jos. W. Clark,**

(b) Address **1125 Hodiamont Ave.,**

19. (a) **4-9-43** (b) **Clarence G. Alessler**
(Date received local registrar) (Registrar's Signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

23. 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. H. Neubauer** (M. D. or other) _____

Address **St. Charles, Mo.** Date signed **4/19/43**

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

72
39

FILED MAY 12 1943

Dr. Bl. Neubeiser
St. Charles, Mo.
St. Chas. 101.

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.....

James W. Clark

Licensed Embalmer No. 1661

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.