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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

16221

State File No.

FILED MAY 27 1943

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4470

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution:
St. Louis City Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1Mo. 11Days (Specify whether
In this community 20 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 5547 S. Grand
(If rural, give location)

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

3. (a) PRINT FULL NAME Mabelle Geneviève (Jane) Hoermann

3. (b) If veteran, name war no

3. (c) Social Security No. 493-07-9733

4. Sex female

5. Color or race white

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

6. (b) Name of husband or wife William Jasper Hoerman

6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased January (Month) 22 (Day), 1896 (Year)

8. AGE: Years 47 Months 3 Days 19 If less than one day hr. min.

9. Birthplace Fairbury, Nebraska (City, town, or county) (State or foreign country)

10. Usual occupation dressmaker

11. Industry or business Madame Fischer & Co

FATHER
12. Name Richard Hogan Newman
13. Birthplace unknown (City, town, or county) N.S.A. (State or foreign country)

MOTHER
14. Maiden name Mayme Adelia Bagg
15. Birthplace unknown (City, town, or county) (State or foreign country)

16. (a) Informant Richard Hoermann
(b) Address 1404 Woodland Dr., R. H.

17. (a) cremation (Burial, cremation, or removal) (b) Date thereof 5/13/43 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Crematory

18. (a) Signature of funeral director Alexander & Sons
(b) Address 6175 Delmar Blvd.

19. (a) MAY 13 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 11, year 1943 hour 8:00 minute P. M.

21. I hereby certify that I attended the deceased from March 30, 1943, to May 11, 1943 that I last saw her alive on May 11, 1943 and that death occurred on the date and hour stated above.

Duration

Immediate cause of death Carcinoma of Jaw

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Metastases to Lungs & pericardium

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature William D. Park (M. D. or coroner)
Address 1515 Lafayette Ave., Date signed 5/12/43

(Licensed Embalmer's Statement on Reverse Side)

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

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 Jos E. McCullah

Licensed Embalmer No. 2468

P. O. Address 6175 Delmar

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.