

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **4480**

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:  
3320 California Ave. /  
(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 \_\_\_\_\_

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

(d) Street No. 3320 California Ave.  
(If rural, give location)

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

3. (a) PRINT FULL NAME BRIDGET HOERR

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

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

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

7. Birth date of deceased Oct 14 1866  
(Month) (Day) (Year)

8. AGE: Years 76 Months 6 Days 28 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Housewife

11. Industry or business AT Home

12. Name Thomas Gillon

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

14. Maiden name Unknown

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

16. (a) Informant Bernice Sladek

(b) Address 3320 California Ave.

17. (a) Burial (b) Date thereof May 15/43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mount Olive

18. (a) Signature of funeral director Jos. Kutes & Son

(b) Address 2906 Gravois Ave.

19. (a) 1943 (b) J. F. Budack  
(Date recorded locally) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 12 year 1943 hour 10 30 A.M. M.

21. I hereby certify that I attended the deceased from April 28 1943 to May 12 1943 that I last saw him alive on May 11 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Septo cerebral thrombosis  
Cerebral arterio Sclerosis

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

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

Duration 2 WEEKS

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

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

Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

23. Signature J. F. Budack (Specify type of place) (c) Means of injury \_\_\_\_\_  
(M. D. or other)

Address 2924 S. Grand Date signed 5/13/43

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

MOTHER FATHER

---

---

**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..... *David Van Fossan.*.....

Licensed Embalmer No. *4242*.....

P. O. Address... *2906 Harris*.....

**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.**