

No. 2  
4-2-43  
5-17-43  
I X 25

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

20857

FILED JUN 25 1943 42

State File No. \_\_\_\_\_

Registration District No. \_\_\_\_\_

Primary Registration District No. 1000

Registrar's No. 608

1. PLACE OF DEATH:

(a) County Buchanan  
(b) City or town St Joseph  
(c) Name of hospital or institution: Mo. Muth Hosp. O  
(d) Length of stay: In hospital or institution 34 years  
In this community 34 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan  
(c) City or town St Joseph  
(d) Street No. 812 So 9th  
(e) Citizen of foreign country? no

3. (a) PRINT FULL NAME Wolf Hochman

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

4. Sex Male Color or race White  
5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Jennie  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased 1868

8. AGE: Years 75 Months - Days - If less than one day hr. min.

9. Birthplace Rumania

10. Usual occupation Retired merchant

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Julius Hochman  
13. Birthplace Rumania  
14. Maiden name unknown  
15. Birthplace unknown

16. (a) Informant Jennie Hochman

(b) Address 812 So 9th

17. (a) Burial (b) Date thereof 5-27-43

(c) Place: burial or cremation Shasre Sholem

18. (a) Signature of funeral director Fleeman & Son Inc

(b) Address 1946 Colhan St

19. (a) 5-27-43 (b) Arc Herzog

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 27 year 1943 hour 1 minute 50 A.M.

21. I hereby certify that I attended the deceased from May 25 1943 to May 27 1943 that I last saw him alive on May 26 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral apoplexy Duration 2 days

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

Other conditions (Include pregnancy within 3 months of death) JZa

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

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

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? \_\_\_\_\_  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (c) Means of injury \_\_\_\_\_

23. Signature W. Fleeman M.D. or other. Address 620 St Joseph, Mo Date signed 5-27-43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

1233

(Licensed Embalmer's Statement on Reverse Side)

St Joseph, Mo

JUN 25 1943

**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 \_\_\_\_\_

Licensed Embalmer No. 3308

P. O. Address St Joseph 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.**