V. S. No. 2
OM—9-4-41
ev. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED. AUG 12 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 23088

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2016

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

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: 1
2706 Louisiana 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 17

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

(d) Street No. 2706 Louisiana Ave
(If rural, give location)

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

3. (a) PRINT FULL NAME Louisa Hoerr

3. (b) If veteran, name war

3. (c) Social Security No. No

4. Sex Female

5. Color or race Wh

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

6. (b) Name of husband or wife Henry W. Hoerr

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

7. Birth date of deceased July (Month) 13 (Day) 1873 (Year)

8. AGE: Years 70 Months 0 Days 18 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Frederick Nedderhut
13. Birthplace (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Josephine Opel
15. Birthplace (City, town, or county) Virginia (State or foreign country)

16. (a) Informant Wm. Hoerr (Son)
(b) Address 2706 Louisiana Ave

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof Aug 2 '43 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Crematory

18. (a) Signature of funeral director Kraeger-Voss-Fix
(b) Address 3402 No. Kingshighway

19. (a) AUG 3 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day m31st year 1943 hour 2 minute 30 p.M.

21. I hereby certify that I attended the deceased from 3-14, 1928 to 7-31, 1943 that I last saw her alive on 7-31, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myocarditis chronic Mitral disease	
Due to: Arthritis deformans	
Due to:	
Other conditions (Include pregnancy within 3 months of death): None	
Major findings: Of operations None	
Of autopsy None	

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 Philip Schuck (M. D. or other)

Address 1703 S Grand Date signed 8-1-43

(Licensed Embalmer's Statement on Reverse Side)

7016

7016

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 Jas W Wilkinson

Licensed Embalmer No. 3575

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.