V. S. No. 2
00M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED AUG 12 1943 318

State File No. 23105

Registration District No. _____ Primary Registration District No. 1003 Registrar's No. 7014

1. PLACE OF DEATH:

(a) County _____

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

(c) Name of hospital or institution:
American Hotel / 6 N. 7th St.
(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: 000

(a) State Mo (b) County 12

(c) City or town St Louis 9 25
(If outside city or town limits, write "RURAL")

(d) Street No. 6 N. 7th
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME IDA CARYLE HOVIOUS

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced 2

6. (b) Name of husband or wife John W. Hovious 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Feb (Month) 14 (Day) 1864 (Year)

8. AGE: Years 79 Months 5 Days 18 If less than one day _____ hr. _____ min.

9. Birthplace Cincinnati (City, town, or county) Ohio 1 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

FATHER
12. Name Adam Henneberger
13. Birthplace _____ (City, town, or county) Germany 4 (State or foreign country)

MOTHER
14. Maiden name Augusta Heffner
15. Birthplace _____ (City, town, or county) Germany 4 (State or foreign country)

16. (a) Informant Mrs. Alys Huskey
(b) Address Cairo Ill.

17. (a) removal (Burial, cremation, or removal) (b) Date thereof Aug (Month) 5 (Day) 43 (Year)
(c) Place: burial or cremation Paducah Ky.

18. (a) Signature of funeral director Bernbling Funeral
(b) Address Home Cairo Ill.

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 2
year 1943 hour 12 minute 45 A.M.

21. I hereby certify that I attended the deceased from 1938, 19__, to 1943, 19__;
that I last saw her alive on Aug 1 - 1943, 19__;
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Cardiac dilitation

Due to Chronic Myocarditis

Due to Senility

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

Major findings:
Of operations _____
Of autopsy _____

Duration

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 B. A. Moranville (M.D. or other)

Address 6 N. 7th St. St Louis Date signed 8/7/43

(Licensed Embalmer's Statement on Reverse Side)

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.

No Embalm

Signed.....

Licensed Embalmer No.....

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.