

SEP 3 1943

Registration District No. **212**

Primary Registration District No. **1003**

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:  
**Alexian Bros. Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **24 days**  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days)

3. (a) PRINT FULL NAME **JOSEPH HOECHECKER**  
(b) If veteran, No name war \_\_\_\_\_  
(c) Social Security No. **488-01-7806**

4. Sex **Male** 5. Color or race **White**  
6. (a) Single, widowed, married, divorced **married**  
6. (b) Name of husband or wife **Theresa Hochecker**  
6. (c) Age of husband or wife if alive **56** years  
7. Birth date of deceased **July 8th 1882**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>61</b>	<b>1</b>	<b>18</b>	_____hr. _____min.

9. Birthplace **Hungary** **4**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Beerbottler**

11. Industry or business **Brewery**

MOTHER FATHER {  
12. Name **Unknown**  
13. Birthplace **Hungary** **4**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Unknown**  
15. Birthplace **Hungary** **4**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Theresa Hochecker**  
(b) Address **2720 a So. 9th, St. Louis, Mo.**

17. (a) **Burial** (b) Date thereof **Aug. 28, 1943**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **New St. Marcus Cemetery**

18. (a) Signature of funeral director **Walt Bros. & Co.**  
(b) Address **2929 So. Jefferson St. Louis, Mo.**

19. (a) **AUG 27 1943** (b) **J. F. Brebeck**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County **000**  
(c) City or town **St. Louis** **17**  
(If outside city or town limits, write "RURAL") **239**  
(d) Street No. **2720 a So. 9th St.**  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_ **0**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August** day **26th**  
year **1943** hour **12** minute **30 P.** M.

21. I hereby certify that I attended the deceased from **July 15** 19 **43** to **Aug 26** 19 **43**  
that I last saw him alive on **Aug 26** 19 **43**  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
**Cancer of colon** **17 year**  
Due to **benign adenoma** **6 mo.**

Other conditions (include pregnancy within 3 months of death) **H/O**

Major findings: **cancer of colon** **PHYSICIAN**  
Of operations \_\_\_\_\_  
Of autopsy **cancer of colon**  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: **ke**  
(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?

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
23. Signature **W. Schneider** (M. D. or other) **W.S.**  
Address **3318 B. Inman** Date signed \_\_\_\_\_

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**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 *Gustav W. Dieterle*

Licensed Embalmer No. *4329*

P. O. Address *2929 S. Jefferson*

**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.**