

S. No. 2
M-2-43
5-17-39
PI X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003

33186

State File No. _____
Registrar's No. 9378

FILED NOV 1 1943
Registration District No. 318

Primary Registration District No. _____

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 Brothers Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 days
(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. 3448 Arsenal Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME EDWARD EMIL HOELLER
3. (b) If veteran, name war unknown
3. (c) Social Security No. 488-01-3433

4. Sex male 5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Irma C. Hoeller
6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased July 10 1878
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
65 3 14 _____ hr. _____ min.

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

10. Usual occupation time keeper

11. Industry or business McQuay Norris Company

MOTHER FATHER
12. Name Frederick C. Hoeller
13. Birthplace Alsace Lorraine
(City, town, or county) (State or foreign country)
14. Maiden name Carolina Ottens
15. Birthplace Hamburg Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Irma C. Hoeller

(b) Address 3448 Arsenal Ave., St. Louis

17. (a) cremation (b) Date thereof 10-27-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Crematory

18. (a) Signature of funeral director C. R. Lupton & Sons

(b) Address 7253 Delmar Blvd., St. Louis

19. (a) OCT 25 1943 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 24 th
year 1943 hour 7:05 minute P. M.

21. I hereby certify that I attended the deceased from
October 17th 1943 to October 24th 1943
that I last saw him alive on Oct. 24th 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Right pulmonary embolism. Fat emb.

Due to Undetermined

Due to III

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

Major findings:
Of operations _____

Of autopsy Right pulmonary embolism

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no

(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 B. Plach (M. D. or other)

Address 3527 21st St., St. Louis Date signed 10-25-43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Dr. B. Ploch. ---also Dr A.D. Fries. LAB 370
3958 South Grand Blvd.,
PR: 1296
Hrs. 3 to 5 P.M.

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 Clarence H. Murray
Licensed Embalmer No. 4011
P. O. Address St. Louis, 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.