

FILED OCT 23 1943 7

Registration District No.

Primary Registration District No.

6076

Registrar's No.

2338

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Lemay Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
246 Old County Road
(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)

3. (a) PRINT FULL NAME Minnie Wilhemina Hoehn

3. (b) If veteran, name war Nil 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced. Married

6. (b) Name of husband or wife Alfred Hoehn 6. (c) Age of husband or wife if alive. 70 years

7. Birth date of deceased January 27 1879
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
64 8 19 hr. min.

9. Birthplace Perry County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business At Home

12. Name Adam Klobe

13. Birthplace Baltimore Maryland
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Beeline

15. Birthplace Perry County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Christina Buehler

(b) Address 246 Old County Rd, Lemay, Mo

17. (a) Burial (b) Date thereof 10/18/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Perryville, Missouri

18. (a) Signature of funeral director Albert H. Hoppe, Inc

(b) Address 4700 Washington Blvd.

19. (a) OCT 19 1943 (b) C. M. Larson, M.D.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Perry 79
(c) City or town Perryville
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 16
year 1943 hour 12 minute 10 P.M.

21. I hereby certify that I attended the deceased from 10/14 to 10/16 1943
that I last saw him alive on 10/16, 1943,
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion Duration 10 min

Due to Chronic cardio-renal vascular disease

Due to Hyper tension

Other conditions (Include pregnancy within 3 months of death)

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? _____ (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) Means of injury _____

23. Signature Erwin S. Cullis (M. D. or other)

Address 748 Lemay Ferry Rd Date signed 10/17/43

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

MOTHER FATHER

PHYSICIAN

Underline the cause to which death should be charged statistically.

MAY 7 1951

OCT 24 1950

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

Robert W. Skappe

Licensed Embalmer No.....

1861

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.