

S. No. 2
M-2-43
5-17-39
X35897

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3999C**
Registrar's No. **10938**

FILED DEC 22 1943
Registration District No. **848**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:
(a) County St. Louis, Missouri
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Lutheran Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 months
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 17
(c) City or town St. Louis, Mo. (If outside city or town limits, write "RURAL") 9 10
(d) Street No. 4129 Kossuth
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Minnie Hohengarten

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

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

6. (b) Name of husband or wife John Hohengarten 6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased August 1 1881
(Month) (Day) (Year)

8. AGE: Years 62 Months 4 Days 7 If less than one day hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business William Schuleter

12. Name Germany

13. Birthplace Minnie's Kohitz (State or foreign country) H

14. Maiden name St. Louis,

15. Birthplace John Hohengarten (City, town, or county) (State or foreign country) 0

16. (a) Informant 4129 Kossuth

(b) Address Burial (c) Date thereof 12 11 43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Bethlehem

(c) Place: burial or cremation Beiderwieden Funeral Home

18. (a) Signature of funeral director 1936 St. Louis Ave.

(b) Address DEC 11 1943 (c) J F Bredeek
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 8
year 1943 hour 10 minute 05 P.M.

21. I hereby certify that I attended the deceased from Apr 1 1943 to Dec 8 1943
that I last saw her alive on Dec 8 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Uremic Poisoning Duration 7 days

Due to nephritic Chronic

Due to 1/21

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____ Of autopsy _____
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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature A M Brant (M. D. or other) 0

Address 3651 Grand Date signed Dec 9 1943

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..... *Guida*.....

Licensed Embalmer No..... *3727*.....

P. O. Address..... *926 St. Louis Ave*.....

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.