

S. No. 2
M-5-43
7. 5-17-39
I X36871

FILED JAN 4 1944

Registration District No. **318** Primary Registration District No. **100** Registrar's No. **11893**

1. PLACE OF DEATH:

(a) County _____

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

(c) Name of hospital or institution:
6109 Louisiana Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
In this community 45 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

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

(d) Street No. 6109 Louisiana Avenue
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Herman J. Hohnstrater

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 24
year 1943 hour 4 minute 30 P.M.

21. I hereby certify that I attended the deceased from Oct 5,
1943, to Dec 23, 1943
that I last saw him alive on Dec 23, 1943
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Anna Hohnstrater

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: April 26, 1863
(Month) (Day) (Year)

Immediate cause of death
Cerebric of Liver
Uremic Poisoning

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 124

8. AGE: Years Months Days If less than one day

80	7	29	_____ hr. _____ min.
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9. Birthplace Germany
(City, town, or county) (State or foreign country)

10. Usual occupation Salesman

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

11. Industry or business _____

MOTHER FATHER { 12. Name Fritz Hohnstrater

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

14. Maiden name Catherine Kroger

15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Anna Hohnstrater

(b) Address 6109 Louisiana Avenue

17. (a) burial (b) Date thereof 12-27-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Trinity Lutheran Cemetery
Southern Funeral Home

18. (a) Signature of funeral director _____

(b) Address 6322 So. Grand Blvd.

19. (a) DEC 27 1943 J. F. Bueck
(Date received local registrar) (Registrar's signature)

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? Cemetery

(Specify type of place) _____

While at work? (e) Means of injury _____

23. Signature J. Grant M.D. (M. D. or other)
Address 15521 S. Blincy Date signed 12/26/43

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

Dr. Granito

5521 S. Broadway

Honors-3

Lo 1911

Fl. 5996

5627 Jackson

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 Virgil L. Berryman
Licensed Embalmer No. 4018
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.