

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 19 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 317

Primary Registration District No. 6076

Registrar's No. 36

1. PLACE OF DEATH: St. Louis
 (a) County St. Louis
 (b) City or town St. Louis Wellston
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 2 Saint Vincent's Sanitarium
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
 In this community 33 years 2 months 24 days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: 76
 (a) State MISSOURI (b) County St. Louis
 (c) City or town St. Louis Wellston
 (If outside city or town limits, write "RURAL")
 (d) Street No. 7300 ST. CHARLES ROCK RD.
 (If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME MISS LOUISA HOHENSCHILD

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, Single

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

7. Birth date of deceased: April 20, 1861
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>82</u>	<u>8</u>	<u>15</u>	hr. min.

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

10. Usual occupation: NIL

11. Industry or business.....

12. Name Fred Hohenschild
 13. Birthplace UNKNOWN (City, town, or county) (State or foreign country)
 14. Maiden name UNKNOWN
 15. Birthplace UNKNOWN (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. E. J. Brockmeyer
 (b) Address 2008 Virginia Av

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JAN 7-1944
 (Month) (Day) (Year)
 (c) Place: burial or cremation: PICKERS CEM.

18. (a) Signature of funeral director: E. J. Schum
 (b) Address 3125 Lafayette Av

19. (a) JAN 8 - 1944 (Date received local registrar) (b) E. J. Mc Lauran, M.D. (Registrar's signature)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month January day 4 year 1944 hour 11 minute 0 P. M.

21. I hereby certify that I attended the deceased from March 26, 1936 to January 4, 1944 that I last saw her alive on January 4, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death: Broncho - pneumonia Duration 5 days

Due to.....

Due to.....

Other conditions: Plumbeism arteriosclerosis 10 yrs. Such catarrh, etc. myocarditis

Major findings: Of operations.....

Of autopsy: 107

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 W. B. Dutton (M. D. or other) (Address St. Vincent's Sanitarium Date signed 1/7)

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

96
00

MOTHER FATHER

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 Joseph Ballman
Licensed Embalmer No. 61014
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.