

S. No. 2
M-5-43
7. 5-17-39
I X36671

FILED MAR 6 1944 18

Registration District No. 1003 Primary Registration District No. 1003

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:
3506 Nebraska Avenue /
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
 In this community..... 58 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Missouri (b) County..... 000
 (c) City or town..... City of St. Louis 17
(If outside city or town limits, write "RURAL")
 (d) Street No. 3506 Nebraska Avenue 24
(If rural, give location)
 (e) Citizen of foreign country?..... no (Yes or No)
 If yes, name country..... 0

3. (a) PRINT FULL NAME Anna Mary Hoh

3. (b) If veteran, name war..... none 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..... August Hoh 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased..... September 30, 1885
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 24th year 1944 hour 1:00 minute a. M.

21. I hereby certify that I attended the deceased from Jan. 15, 1944 to Feb. 24, 1944 that I last saw her alive on Feb. 23, 1944 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>58</u>	<u>4</u>	<u>25</u>	hr. min.

Immediate cause of death.....
Coronary Occlusion
Chronic Myocarditis

Due to..... Aortic Regurgitation 20yr.

Due to.....

Other conditions..... Acute Bronchitis 40 days
(Include pregnancy within 3 months of death)

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

10. Usual occupation..... housework

11. Industry or business..... at home

12. Name..... Emil Grueminger

13. Birthplace..... unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name..... Helen Korn

15. Birthplace..... unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant..... Mr. August Hoh
 (b) Address..... 3506 Nebraska Avenue

17. (a) burial (b) Date thereof..... 2-26-44
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation..... SS Peter and Paul

18. (a) Signature of funeral director..... Southern Funeral Home
 (b) Address..... 6222 South Grand Blvd

19. (a) FEB 23 1944 (b) J. F. Brueck
(Date received local registrar) (Registrar's signature)

Major findings:
 Of operations..... 930

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?.....

23. Signature..... N. H. McKinnon (M. D. or other)
 Address..... 3014 S. Jefferson Date signed..... Feb 24 44

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

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. *34018*.....
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.