

FILED MAR 20 1944

Registration District No. _____

Primary Registration District No. 3051

Registrar's No. 13

1. PLACE OF DEATH:

(a) County Perry
(b) City or town Perryville Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community 75-11-25
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Perry
(c) City or town Perryville Mo.
(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 _____

3. (a) PRINT FULL NAME Albert F. Hoehn

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

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

6. (b) Name of husband or wife Emma Hoehn 6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased February 18 1868
(Month) (Day) (Year)

8. AGE: Years 75 Months 11 Days 25 If less than one day
hr. _____ min. _____

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name Adam Hoehn

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

14. Maiden name Louisa Hoehn

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

16. (a) Informant Freddie Hoehn

(b) Address Perryville Mo.

17. (a) Burial (b) Date thereof 2-16-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Friedenberg Mo.

18. (a) Signature of funeral director Young Sons

(b) Address Perryville Mo.

19. (a) Feb-14-44 (b) Thos. J. Elden
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 13
year 1944 hour 10 minute 45 P M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death _____

Cardiac failure

Due to arterio sclerosis

Due to _____

Due to _____

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

Major findings: Of operations 97

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) (e) Means of injury 2

23. Signature Chas. Wiedeman (M. D. or other) Do.

Address Perryville, Mo Date signed 2/14/44

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

MOTHER FATHER

RECEIVED

District Health Officer No. 4
District File Number 344-3568
Date Filed 3-9-44

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 Walter Young
Licensed Embalmer No. 4027
P. O. Address Perryville 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.