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DM—8-43
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 30 1944

Registration District No. 318

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 35993

Primary Registration District No. 1003

Registrar's No. 9816

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3516 Itaska Ave. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether)
In this community (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 3516 Itaska Ave. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Louise Hohmann

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Mar. 1, ~~1886~~ 1868 (Month) (Day) (Year)

8. AGE: Years 76 Months 8 Days 16 If less than one day hr. min.

9. Birthplace Highland (City, town, or county) Illinois (State or foreign country)

10. Usual occupation At home

11. Industry or business

MOTHER FATHER

12. Name William Hohmann

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

14. Maiden name Louise VonRohr

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

16. (a) Informant Edger Hohmann
(b) Address 3516 Itaska Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 20, 1944 (Month) (Day) (Year)
(c) Place: burial or cremation St. Mathews Cem.

18. (a) Signature of funeral director W. Schumacher
(b) Address 3013 Meramec St.

19. (a) NOV 20 1944 (Date received local registrar) (b) J. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 17th. year 1944 hour 1:P.M. minute M.

21. I hereby certify that I attended the deceased from Sept 10, 1944 to Nov 17, 1944 that I last saw he alive on 11-17-44, 19; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Hemorrhage	6 days
Due to Arteriosclerosis	15 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death) None	

Major findings:
Of operations no
Of autopsy no

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

23. Signature H. J. Shelton (M. D. or other) MD
Address 4703 Virginia Date signed 11-18-44

(Licensed Embalmer's Statement on Reverse Side)

Dr. Stetson
4203 VA.

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 Francis Williamson

Licensed Embalmer No. 3565

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.