S. No. 2
0M—5-43
v. 5-17-39
I X36671

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

#27750

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

7825

State File No.

FILED MAR 16 1945 18

Registration District No.

Primary Registration District No. 1003

Registrar's No. 2215

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution:
St.Louis City Hospital #1. 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 25 days (Specify whether
In this community 3½ years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17

(c) City or town St.Louis 0
(If outside city or town limits, write "RURAL")

(d) Street No. 2325a Hickory St., 22
(If rural, give location)

(e) Citizen of foreign country? No 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME George Hoeman

3. (b) If veteran, name war unk

3. (c) Social Security No. unk

4. Sex male 0

5. Color or race white

6. (a) Single, widowed, married, divorced married 1

6. (b) Name of husband or wife Fern

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

7. Birth date of deceased December 26th,? (Month) (Day) (Year)

8. AGE: Years abt-65 | Months | Days | If less than one day hr. min.

9. Birthplace Illinois (City, town, or county) 1 (State or foreign country)

10. Usual occupation Unk

11. Industry or business unk

FATHER
12. Name John
13. Birthplace unk (City, town, or county) 4 (State or foreign country)

MOTHER
14. Maiden name unk
15. Birthplace Unk (City, town, or county) 9 (State or foreign country)

16. (a) Informant M. Renard.

(b) Address /St.Louis City Hospital

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 8th, 1945 (Month) (Day) (Year)

(c) Place: burial or cremation Walnut Hill Cemetery

18. (a) Signature of funeral director Pete ~~Gardner~~ Gaerdner

(b) Address 250 Lebanon Ave., Belleville, Ills.

19. (a) MAR 8 1945 (Date received local registrar) (b) J. F. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 5th year 1945 hour 12:20 minute P. M.

21. I hereby certify that I attended the deceased from 2/9/45, 19, to 3/5/45, 19; that I last saw him alive on 3/5/45, 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations

Of autopsy Pulmonary Embolus, Bronchopneumonia Arteriosclerotic Heart disease

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 J. A. Sayton, Jr. (M. D. or other)

Address 1515 Lafayette Date signed 3/5/45

(Licensed Embalmer's Statement on Reverse Side)

2215

2215

APR 8 1949

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.....

Licensed Embalmer No.....

P. O. Address.....

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.