7. S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 11347

FILED APR 23 1945

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3148

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: 3907 a Botanical Ave 1 (If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000 1

(c) City or town St. Louis (If outside city or town limits, write "RURAL") 17

(d) Street No. 3907 Botanical 1 (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME LILLIAN HOHN

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife F. W. Hohn

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

7. Birth date of deceased 7 (Month) 9 (Day) 1876 (Year)

8. AGE: Years 68 Months 8 Days 29 If less than one day hr. min.

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

10. Usual occupation at home

11. Industry or business Home

FATHER

12. Name John Kirton

13. Birthplace (City, town, or county) England 4 (State or foreign country)

MOTHER

14. Maiden name Rhoda Hill

15. Birthplace (City, town, or county) England 4 (State or foreign country)

16. (a) Informant Joseph G. Withington

(b) Address 7382 Pershing

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-11-1945 (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cem

18. (a) Signature of funeral director Alexander Sons

(b) Address 6175 Delmar Blvd. St. Louis

19. (a) APR 9 1945 (Date received local registrar) (b) J. F. Broderick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 8 year 1945 hour 10:15 minute A.M.

21. I hereby certify that I attended the deceased from 4-8, 1945 to 4-8, 1945 that I last saw her alive on 4-8, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death — Duration

Cardiac Hypertrophy — 3 day

Cardiac Decompensation

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature H. F. Westhaelinger M.D. (M. D. or other)

Address 1901 Alfred Ave. Date signed 4/8/45

(Licensed Embalmer's Statement on Reverse Side)

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 Jas. E. McCullough

Licensed Embalmer No. 2863

P. O. Address 6135 Delmar

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.