

FILED JUL 28 1945

318

Primary Registration District No.

1003

Registrar's No. 6203

Registration District No.

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

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis Altenheim - 5408 S. Broadway
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 9 yrs
In this community 9 yrs
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 080
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5408 S. Broadway
(If rural, give location) 9 15
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Minnie Hoehst

(b) If veteran, name war No. (c) Social Security No. No.

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

6. (b) Name of husband or wife Henry 6. (c) Age of husband or wife if alive 81 years

7. Birth date of deceased April 23 1869
(Month) (Day) (Year)

8. AGE: Years 76 Months 2 Days 24
If less than one day hr. _____ min. _____

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

10. Usual occupation Nil

11. Industry or business _____

12. Name Unknown

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

14. Maiden name Nil

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

16. (a) Informant John W. Hoerr

(b) Address 5408 S. Broadway

17. (a) Burial (b) Date thereof 7/19/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bethany Cemetery
Jos. P. Fendler Jr.

18. (a) Signature of funeral director _____
(b) Address 7128 Michigan Ave.

19. (a) JUL 19 1945 (b) J. F. Breuer
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 16
year 1945 hour 12 minute 16 P.M.

21. I hereby certify that I attended the deceased from april
1938 to July 16 1945
that I last saw him alive on July 16 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
Chy Myocarditis
Arteriosclerosis
My peritonitis
Duration 1 mo.

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 Max Starbuck (M. D. or other) MD
Address 512 South 11th Date signed 7/17/45

STATEMENT BY LICENSED EMBALMER

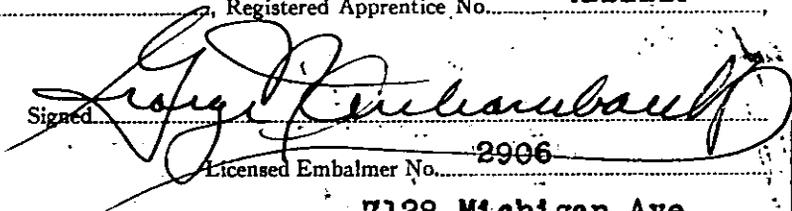
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

George N. Archambault

Registered Apprentice No. **XXXXXX**

working under my personal supervision. x

Signed



Licensed Embalmer No. **2906**

P. O. Address **7128 Michigan Ave.**

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.