

FILED AUG 11 1945 STANDARD CERTIFICATE OF DEATH

State File No.

6851

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

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: Missouri Baptist Hosp  
(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 Mo (b) County St. Louis 96  
(c) City or town Rockwood 4  
(If outside city or town limits, write "RURAL")  
(d) Street No. 321 Tray Ave NR  
(If rural, give location)  
(e) Citizen of foreign country? 1 (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME JULIUS C. HOESTER, JR.

3. (b) If veteran, name war I  
3. (c) Social Security No. \_\_\_\_\_

4. Sex M.O 5. Color or race A. 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Helen Hoester 6. (c) Age of husband or wife if alive 48 years  
7. Birth date of deceased Dec 19 1898  
(Month) (Day) (Year)

8. AGE: Years 46 Months 7 Days 12 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Rockwood Mo. 0  
(City, town, or county) (State or foreign country)

10. Usual occupation Attorney at Law.

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
12. Name Julius Hoester  
13. Birthplace St. Charles Mo. 0  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary Holtzman  
15. Birthplace Rockwood 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Helen Hoester  
(b) Address 321 Tray Ave.

17. (a) Burial (b) Date thereof 8-2-45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ark Hill Cem

18. (a) Signature of funeral director Louis H. Dopper  
(b) Address Rockwood Mo

19. (a) AUG 3 1945 (b) \_\_\_\_\_  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 31  
year 1945 hour 5 minute 50 A.M.

21. I hereby certify that I attended the deceased from May, 1945 to July 21, 1945, that I last saw HANNA alive on July 130, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death: Pneumothorax (3 lateral & spontaneous)  
Due to Emphysema with chronic cough and bronchitis

Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Of operations 113  
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? \_\_\_\_\_

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

23. Signature W. Alexander Smith (M. D. certifier)  
Address W. Alexander Smith Date signed 7-31-45

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

17  
9

6851

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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..... *Felix Durand* .....

Licensed Embalmer No. *3034* .....

P. O. Address. *Kirkwood 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.**