

FILED OCT 31 1945
Registration District No. _____

Primary Registration District No. _____

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

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:
Lutheran Hospital //
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 mo 22 da
In this community life
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St Louis
(If outside city or town limits, write "RURAL") 117

(d) Street No. 6915 Alabama
(If rural, give location) 9

(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME MRS ANNA M HOERBER

MEDICAL CERTIFICATION

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

20. DATE OF DEATH: Month October day 7
year 1945 hour 3 minute 55 A. M.

4. Sex F / 5. Color or race W

6. (a) Single, widowed, married, divorced M /

6. (b) Name of husband or wife Clem L Hoerber

6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased May 3 1891
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 9:15
_____ 19 Oct 7, 45 19 _____
that I last saw her alive on _____ 19 _____
and that death occurred on the date and hour stated above.

Immediate cause of death Rubeola Encephalitis Duration 3 hrs

8. AGE: Years Months Days If less than one day
54 5 4 hr. min.

Due to _____

Due to _____

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

Other conditions (Include pregnancy within 3 months of death) _____

10. Usual occupation at home

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

11. Industry or business _____

MOTHER FATHER { 12. Name John Maurer

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

14. Maiden name Kunigunde _____

15. Birthplace Cole County Missouri 0
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:

16. (a) Informant Husband: Clem L Hoerber

(b) Address 5915 Alabama

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

17. (a) Burial (b) Date thereof Oct 10 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(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? _____

(c) Place: burial or cremation St Trinity Luth Cemetery

(Specify type of injury) _____
While at work? _____ (c) Means of injury _____

18. (a) Signature of funeral director Beiderwieden F H Inc

(b) Address 1936 St Louis Avenue

23. Signature J. F. Brueck (M. D. or other) h. 0

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

Address 3151 Grand St Date signed 10/8/45

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.....
..... Registered Apprentice No.....
working under my personal supervision.

Signed.....

Glew W. Hayes

Licensed Embalmer No. *3737*

P. O. Address *936 N. Louisville*

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.