

S. No. 2  
OM-5-43  
v. 5-17-39  
I X36671

FILED JAN 11 1946

State File No. ....

Registration District No. 310

Primary Registration District No. 3058

Registrar's No. 190

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

1. PLACE OF DEATH:

(a) County St. Charles

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

(c) Name of hospital or institution:  
312 Jefferson Street  
(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 \_\_\_\_\_  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME George F. Hoehn

3. (b) If veteran, name war NIL

3. (c) Social Security No. \_\_\_\_\_

4. Sex male 5. Color or race white

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

6. (b) Name of husband or wife Amanda (Gruenberg) Hoehn

6. (c) Age of ~~husband~~ wife if alive 77 years

7. Birth date of deceased March 5, 1866  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	79	9	11	hr. min.

9. Birthplace St. Charles Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Paymaster

11. Industry or business American Car & Fdy Co

MOTHER FATHER

12. Name John Philip Hoehn

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

14. Maiden name Amelia Jung

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

16. (a) Informant Mrs. Amanda Hoehn

(b) Address 312 Jefferson - St. Charles Mo.

17. (a) burial (b) Date thereof 12-19-1945  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove - St. Charles, Mo.

18. (a) Signature of funeral director H. C. Dallmeyer + Sons

(b) Address 800 N. 2nd - St. Charles, Mo.

19. (a) 12/19/45 (b) Francis Hamstra  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Charles

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

(d) Street No. 312 Jefferson Street  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 16th  
year 1945 hour 7:00 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from March 16, 1945 to Dec 16, 1945  
that I last saw him alive on Dec 15, 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Pancreas Duration 7 MO

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions: 468  
(Include pregnancy within 3 months of death)

Major findings: 468

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? MO

(e) Means of injury \_\_\_\_\_  
(Specify type of place)

While at work? \_\_\_\_\_

23. Signature J. T. Fordin (M. D. or other) \_\_\_\_\_  
Address St. Charles Mo. Date signed 12-16-45

1663

RECEIVED

District Health Officer No. 9,

District File Number \_\_\_\_\_

Date Filed 1-10-46

LAPR 26 1956

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 John E Dallmeyer

Licensed Embalmer No. 2951

P. O. Address St. Charles 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.**