

S. No. 2
M-5-43
7-5-17-39
P I X3687

FILED JAN 21 1946
Registration District No. **318**

Primary Registration District No. **1003**

1. PLACE OF DEATH:
(a) County **St. Louis, Missouri**
(b) City or town **St. Louis, Missouri**
(c) Name of hospital or institution: **St. Louis City Hospital-Memorial**
(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 **000**
(c) City or town **ST. LOUIS**
(d) Street No. **6301 FYLER AVE**
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **PETER HOERR**
3. (b) If veteran, name war **NO** 3. (c) Social Security No. _____
4. Sex **M** 15. Color or race **W**
6. (b) Name of husband or wife **EMMA**
7. Birth date of deceased **JULY 15 1869**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Jan.** day **1st**
year **1946** hour **2:50** minute **A** M.
21. I hereby certify that I attended the deceased from **12/27/45**
to **1/1/46**
that I last saw him alive on **1/1/46**
and that death occurred on the date and hour stated above.

8. AGE: Years **76** Months **5** Days **16**
If less than one day _____ hr. _____ min.

Immediate cause of death **Lobar Pneumonia**
Due to _____
Due to _____
Other conditions **Senile Psychosis**
(Include pregnancy within 3 months of death)

9. Birthplace **GERMANY** 4
10. Usual occupation **BAKER**
11. Industry or business **WORNAL BAKERY**
12. Name **JACOB HOERR**
13. Birthplace **GERMANY** 4
14. Maiden name **UNKNOWN**
15. Birthplace **GERMANY** 4

Major findings: Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant **EMMA HOERR**
(b) Address **6301 FYLER**
17. (a) **BURIAL** (b) Date thereof **1 4 46**
(c) Place: burial or cremation **NEW ST MARCUS**
18. (a) Signature of funeral director **KRIEFSHAUSER**
(b) Address **4228 S. KINGSHAWAY**
19. (a) **JAN 2 1946**
(Date received local registrar) (Registrar's signature)

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)
23. Signature **Prof. F. D. Seltz M.D.**
1315 Lafayette 1/1/46
Date signed

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

2614

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..... *Edwin P. Mc Dermott*

Licensed Embalmer No..... *3024*

P: O. Address.....

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.