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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 1 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7551

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1667

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis City Hospital (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

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Francois 94
(c) City or town Flat River (If outside city or town limits, write "RURAL") 5
(d) Street No. NR. 2 (If rural, give location)
(e) Citizen of foreign country? (Yes or No) /
If yes, name country

3. (a) PRINT FULL NAME Sidney Burrell Hoehn
3. (b) If veteran, name war Nil
3. (c) Social Security No. 493-26-9977
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Tillman Hoehn
6. (c) Age of husband or wife if alive 42 years
7. Birth date of deceased August (Month) 5 (Day) 1906 (Year)

8. AGE: Years 39 Months 6 Days 13 If less than one day hr. min.

9. Birthplace Madison County (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
MOTHER FATHER
12. Name Everett Ragsdale
13. Birthplace Madison County (City, town, or county) Missouri (State or foreign country)
14. Maiden name Unknown Henson
15. Birthplace Madison County (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Tillman Hoehn
(b) Address Flat River, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-21-46 (Month) (Day) (Year)
(c) Place: burial or cremation Flat River, Missouri
18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.
19. (a) FEB 18 1946 (Date received by local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 18 year 1946 hour 4:30 minute A. M.
21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.

Duration

Immediate cause of death
Acute Hemorrhagic Pancreatitis
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 (M. D. or other)
Address Date signed 2/18/46

(Licensed Embalmer's Statement on Reverse Side)

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. G W Wilkinson

Licensed Embalmer No. 3575

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.