M—8-43
. 5-17-39
D I X37823

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

16928

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

18049

State File No.

FILED MAY 16 1946

Registration District No. 37 Primary Registration District No. 6076 Registrar's No. 986

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
Manchester Nursing Home & Sanatorium 4
(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 6/21/39 to 5/4/46

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Louis 96

(c) City or town Manchester 0
(If outside city or town limits, write "RURAL")

(d) Street No. Manchester Nursing Home and Sanatorium 0

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Caroline E. Hockmuth

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female 1

5. Color or race White

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

6. (b) Name of husband or wife Fred J.

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

7. Birth date of deceased February (Month) 19 (Day) 1866 (Year)

8. AGE: Years 80 Months 2 Days 15 If less than one day hr. min.

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

10. Usual occupation Nil

11. Industry or business

FATHER 12. Name Herman Minges 5

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

MOTHER 14. Maiden name Caroline Weber

15. Birthplace (City, town, or county) Unknown 9 (State or foreign country)

16. (a) Informant John W. Hoerr 1

(b) Address 5408 S. Broadway

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/6/45 (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cem.

18. (a) Signature of funeral director Jos. P. Fendler Jr.

(b) Address 7128 Michigan Ave.

19. (a) 5-7-46 (Date received local registrar) (b) E. D. McGavran M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 4 year 1946 hour 6:30 minute A M.

21. I hereby certify that I attended the deceased from Feb 3, 1946, 19..., to May 4, 19 46, that I last saw her alive on May 2, 19 46 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chr. myocarditis	
Due to: Hypertension	
Due to: Rt. sided hemiplegia	6 yrs
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 C. O. Deering (M.D. or other) MD

Address Creve Coeur, Mo. Date signed 5-4-46

(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 George N. Archambault, Registered Apprentice No. XXXXXX, working under my personal supervision.

Signed George N. Archambault

Licensed Embalmer No. 2906

P. O. Address 7128 Michigan Ave.

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.