. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 10 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38096

Registration District No. 316 Primary Registration District No. 6075 Registrar's No. 374

1. PLACE OF DEATH:

(a) County St. Francois
(b) City or town Farmington RURAL St. Francois
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Missouri State Hospital No. 4 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 mos. 16 das. (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jefferson 94
(c) City or town High Ridge
(If outside city or town limits, write "RURAL")
(d) Street No. Unknown
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME LENA HOYLMAN

3. (b) If veteran, name war No
3. (c) Social Security No. None

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed 1
6. (b) Name of husband or wife Charles Hoylman
6. (c) Age of husband or wife if alive years
7. Birth date of deceased February (Month) 7th or 9th. (Day) Unk. (Year)

8. AGE: Years Is past 80. Months Days If less than one day hr. min.

9. Birthplace Fosterburg (City, town, or county) Illinois (State or foreign country) 1
10. Usual occupation Housewife
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) (State or foreign country) 7

MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) Germany (State or foreign country) 4

16. (a) Informant Records State Hospital No. 4
(b) Address Farmington, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-30-46 (Month) (Day) (Year)
(c) Place: burial or cremation Parklawn Cem., St. Louis County, Mo. (Lemay Ferry Rd.)
18. (a) Signature of funeral director Brimmer Funeral Home
(b) Address House Springs, Missouri
19. (a) 12-5-46 (Date received local registrar) (b) Esther Rudloff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 27 year 1946 hour 11 minute 45 A. M.

21. I hereby certify that I attended the deceased from Sept. 12, 1946, 19 , to Nov. 27, 1946, 19 ; that I last saw her alive on Nov. 27, 1946, 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cisternal Chronic	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) 97	
Major findings: Of operations	
Of autopsy No 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 11

23. Signature George W Reeves (M.D. or other) MD
Address Farmington Mo Date signed 12-4-46

289 (Licensed Embalmer's Statement on Reverse Side)

District Health Officer No. 4
District File Number 1246-2949
Date Filed 12-9-46

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 Paul K Dugal

Licensed Embalmer No. 4120

P. O. Address Farmington 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.