

FILED DEC 16 1946
Registration District No. **3799**

Primary Registration District No. **3069**

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

1. PLACE OF DEATH:

(a) County St. Louis
 (b) City or town Richmond Heights
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. Mary's Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 18 days
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Carl L. Hoessle

3. (b) If veteran, name war _____ 3. (c) Social Security No. 488-10-5721

4. Sex <u>M</u>	5. Color or race <u>W</u>	6. (a) Single, widowed, married, divorced <u>married</u>
6. (b) Name of husband or wife <u>Else</u>	6. (c) Age of husband or wife if alive <u>47</u> years	

7. Birth date of deceased July 10, 1895
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
<u>51</u>	<u>4</u>	<u>16</u>	hr. _____ min. _____

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

10. Usual occupation Tailor

11. Industry or business _____

MOTHER FATHER

12. Name Jacob Hoessle
 13. Birthplace Germany
 14. Maiden name Magdalena Haefner
 15. Birthplace Germany

16. (b) Informant Else Hoessle
 (b) Address 3205a Dakota St.

17. (a) Burial
(Burial, cremation, or removal) (b) Date thereof Nov. 29, 1946
(Month) (Day) (Year)
 (c) Place: burial or cremation New St. Marcus Cem.

18. (a) Signature of funeral director Th. M. Schumacher
 (b) Address 3013 Meramec St.

19. (a) 12-2-46
(Date received local registrar) (b) Ruth J. Allen
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 600
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 3205a Dakota St.
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 26
 year 1946 hour 3:30 minute _____ P. M.

21. I hereby certify that I attended the deceased from Nov 8
 1946 to Nov 26 1946
 that I last saw him alive on Nov 26 1946
 and that death occurred on the date and hour stated above.

Immediate cause of death _____
Acute yellow atrophy of liver
Sumner like growth in liver

Due to _____
 Due to _____

Other conditions (Include pregnancy within 3 months of death) 57E

Major findings: Of operations _____

Of autopsy as above -
Microscopic not finished

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)
 (b) Means of injury _____

23. Signature Leid Kramer (M. D. or other) _____
 Address 6347 Grand Date signed 11-27-46

1-4
Mr. Williamson
body

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 Francis Williamson
Licensed Embalmer No. 3565
P. O. Address St Louis 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.