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

37524

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 9 1946

Registration District No. 318

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 38709

Registrar's No. 10217

1. PLACE OF DEATH:

(a) County —

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

(c) Name of hospital or institution: DEACONESS HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital ~~or institution~~ 4 DAYS. (Specify whether
In this community 33 YRS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ST LOUIS

(c) City or town WEBSTER GROVES
(If outside city or town limits, write "RURAL")

(d) Street No. 20 GLENN OAKS
(If rural, give location)

(e) Citizen of foreign country? — (Yes or No) NRT

If yes, name country —

3. (a) PRINT FULL NAME LOU BELLE HOCH

3. (b) If veteran, name war NO

3. (c) Social Security No.

4. Sex FEMALE

5. Color or race WHITE

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

6. (b) Name of husband or wife HERMAN F. HOCH

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

7. Birth date of deceased MAY 5 (Month) 1873 (Day) (Year)

8. AGE: Years 73 Months 6 Days 24 If less than one day — hr. — min.

9. Birthplace PHILADELPHIA (City, town, or county) NEW YORK (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business —

FATHER
12. Name FRANCIS YORK
13. Birthplace PHILADELPHIA (City, town, or county) NEW YORK (State or foreign country)

MOTHER
14. Maiden name HANNAH HAWORTH
15. Birthplace PHILADELPHIA (City, town, or county) NEW YORK (State or foreign country)

16. (a) Informant HAWORTH F. HOCH

(b) Address 20 GLENN OAKS

17. (a) CREMATION (Burial, cremation, or removal) (b) Date thereof DEC. 1-1946 (Month) (Day) (Year)

(c) Place: burial or cremation VALHALLA CREMATORY

18. (a) Signature of funeral director Parker Mud Co

(b) Address WEBSTER GROVES, MO.

19. (a) NOV 30 1946 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 29 year 1946 hour 6 45 minute a M.

21. I hereby certify that I attended the deceased from December, 1941, to Nov. 29, 1946 that I last saw her alive on Nov. 28, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary occlusion	1 day
Due to Hypertensive Cardio-vascular Renal disease	5 years
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 0

23. Signature H. A. Goldrich (M. D. ~~or other~~)

Address 19 E. Lockwood Date signed 11/29/46

(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 Leslie Walch

Licensed Embalmer No. 4395

P. O. Address Webster Groves 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.