

FILED JUN 4 3 1947

Registration District No. **3058**

Primary Registration District No. **3058**

1. PLACE OF DEATH:

(a) County St. Charles Mo.
(b) City or town St. Charles Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 1 month, 24 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Charles
(c) City or town O'Fallon Rural
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? No years.

3. (a) PRINT FULL NAME Kathleen Hoeckelmann

8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex F. 5. Color or race W 6. (a) Single, widowed, married, divorced single

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

7. Birth date of deceased March 27 1947
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
----- 1 24 ----- hr. ----- min.

9. Birthplace St. Charles Mo. Rural
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER
12. Name Carl Hoeckelmann
13. Birthplace St. Paul Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Weber
15. Birthplace St. Charles Mo. Rural
(City, town, or county) (State or foreign country)

16. (a) Informant Carl Hoeckelmann
(b) Address O'Fallon Mo. Rural

17. (a) Burial (b) Date thereof 5-23-47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Paul Mo.

18. (a) Signature of funeral director E. K. Kately
(b) Address O'Fallon Mo.

19. (a) 5/23/47 (b) Paula Blumley
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 21
year 1947 hour 7 minute 30 A. M.

21. I hereby certify that I attended the deceased from 3-27 1947 to 5-21 1947
that I last saw her alive on 5-20 1947
and that death occurred on the date and hour stated above.

Immediate cause of death congenital heart disease
Duration 25 da

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) None

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 MD

23. Signature George E. Kately (M. D. or other) MD
Address St. Charles, Mo. Date signed 5/23/47

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

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed MAY 31 1947

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 E. Keithy

Licensed Embalmer No. 872

P. O. Address Stallan 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, above space should be left blank.