. S. No. 2
M—1/47
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 11 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 33237

Registration District No. 377 Primary Registration District No. 3069 Registrar's No. 2012

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Richmond Hts.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Mary's Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County 200
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 5918 Hartford St. 9
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME HUGO E. HOESCHELE
3. (b) If veteran, name war None
3. (c) Social Security No.

4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of husband or wife Frances
6. (c) Age of husband or wife if alive 50 years
7. Birth date of deceased Feb. (Month) 2 (Day) 1888 (Year)

8. AGE: Years 59 Months 7 Days 22 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country) 0
10. Usual occupation Clerk
11. Industry or business Moloney Electric Co.
FATHER
12. Name ~~#####~~ Unknown Hoeschele
13. Birthplace Unknown (City, town, or county) (State or foreign country) 9
MOTHER
14. Maiden name Antonio Umbright
15. Birthplace Unknown (City, town, or county) (State or foreign country) 9
16. (a) Informant Frances D. Hoeschele 1
(b) Address 5918 Hartford St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-29-47 (Month) (Day) (Year)
(c) Place: burial or cremation Resurrection Cem.
18. (a) Signature of funeral director Kriegshauser Und. Co.
(b) Address 4228 So. Kingshighway Bl.
19. (a) 9-30-47 (Date received local registrar) (b) Cecil A. Shay (Registrar's signature) MD

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sep't. day 24 year 1947 hour 8:53 minute P. M.

21. I hereby certify that I attended the deceased from 30 Aug, 1947, to 24 Sept, 1947, that I last saw him alive on 24 Sept, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of Lung primary	6 mo?
Due to	
Due to 47d	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy Ca of lung with metast to liver & adrenals

PHYSICIAN
Underline the cause of 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 Richard H. Kay (M. D. or other) MD
Address 5930 Southwest Date signed 26 Sept 47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

OCT 21 1948

1930 Louisiana St

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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 Richard W. Stovesand

Licensed Embalmer No. 4007

P. O. Address.....

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.