No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 3 1947

Registration District No. 317

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 33298

Primary Registration District No. 6076

Registrar's No. 1792

1. PLACE OF DEATH:
(a) County St. Louis County, Mo.
(b) City or town Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town Creve Coeur, Missouri
(If outside city or town limits, write "RURAL")
(d) Street No. RR#2 Box 170
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Aloysius Joseph Francis Hoeber
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Grace Hoeber
6. (c) Age of husband or wife if alive 33 years
7. Birth date of deceased Feb. (Month) 20 (Day) 1902 (Year)

8. AGE: Years 45 Months 5 Days 28 If less than one day hr. min.

9. Birthplace St. Charles County, Mo. (City, town, or county) (State or foreign country)
10. Usual occupation Truck Driver
11. Industry or business County Highway Dept.
FATHER
12. Name Frank Hoeber
13. Birthplace St. Charles County, Mo. (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Sophie Henke
15. Birthplace St. Charles County, Mo. (City, town, or county) (State or foreign country)
16. (a) Informant Grace Hoeber
(b) Address Box 170, RR#2, Creve Coeur, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/21/47 (Month) (Day) (Year)
(c) Place: burial or cremation Fee Fee Cemetery
18. (a) Signature of funeral director Baumann Bros. Inc.
(b) Address 2504 Woodson Rd. Overland, Mo.
19. (a) 8-20-47 (Date received local registrar) (b) Cecil A. Sharp M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 18 year 1947 hour minute M.
21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death crushing injuries of left jaw and shock while attempting to release clutch on machine while working. Highway machinery. High lift shovel — Duration
Due to 176-8
Other conditions (Include pregnancy within 3 months of death) 11
Major findings: Of operations

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) Accident
(b) Date of occurrence August 18, 1947.
(c) Where did injury occur? St. Louis County, Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Working on public road.
While at work? Yes (specify type of place) Means of injury blunt impact
23. Signature Arnold J. Wellmann Coroner (M. D. or other)
Address Clayton, Mo. Date signed 8/20/47

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

SEP 22 1941

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 Don Marler

Licensed Embalmer No. 4438

P. O. Address Everland, 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.

S. No. 2B
M—3-45
I X43880

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 1792

Registration District No. 317 Primary Registration District No. 2 Registrar's No. 1792

1. PLACE OF DEATH:

(a) County ST. LOUIS

(b) City or town 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 years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

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

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Aloysius J. Hacker

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Feb 20 (Month) (Day) (Year)

8. AGE: Years 45 Months 5 Days If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

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

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

16. (a) Informant
(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director
(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec Day 8 year 1947 hour minute M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death — *Duration*

Due to

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

23. Signature (M. D. or other)
Address Date signed

SUPPLEMENTARY

33298