

UNITED STATES DEPARTMENT OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 7387

FILED MAR. 8 1948

Registrar's No. 583

Registration District No. 377

Primary Registration District No. 6076

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

1. PLACE OF DEATH: St. Louis County

(a) County St. Louis County

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

(c) Name of hospital or institution:  
Box 342, Route 9, Lemay, Mo.  
(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

3. (a) PRINT FULL NAME Henry Hoevelmann

3. (b) If veteran, name war --

3. (c) Social Security No. --

4. Sex Male 5. Color or race White

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: January 18 1876  
(Month) (Day) (Year)

8. AGE: Years 72 Months 1 Days 14

If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Carpenter

11. Industry or business \_\_\_\_\_

12. Name Theodore Hoevelmann

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

14. Maiden name Mary Otten

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

16. (a) Informant Mr. J. Cohn

(b) Address Box 342 Rt. 9, Lemay, Mo.

17. (a) Burial (b) Date thereof 3/5/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Old SS Peter & Paul

18. (a) Signature of funeral director Wacker-Haldwell & Co.

(b) Address 3634 Grayols Ave.

19. (a) 3-3-48 (b) Gene J. Hoff  
(Date received local registrar) (Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

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

(d) Street No. Box 342, Rt. 9  
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 2  
year 1948 hour 5 minute 50 P.M.

21. I hereby certify that I attended the deceased from October 1948 to Mar. 2 1948  
that I last saw him alive on Feb 26 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Congestive heart failure

Due to Hypertensive cardio-renal vascular disease

Due to \_\_\_\_\_

Other conditions Spastic paralysis, left.  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations G J

Of autopsy \_\_\_\_\_

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)

(c) Means of injury C

23. Signature Victor N. Kuenker M. D. or other MD

Address 3105 S. Grand Date signed 3/2/48

PHYSICIAN

Underline the cause to which death should be charged statistically.

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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 *Frank J. Hand Sr.*  
Licensed Embalmer No. *2645*  
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.**