No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 11073

FILED APR 14 1948

Registration District No. 527

Primary Registration District No. 6676

Registrar's No. 866

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Manchester Mo. (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Manchester nursing home 4 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Week (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis 96
(c) City or town Kirkwood (If outside city or town limits, write "RURAL") 4
(d) Street No. 123 N. Harrison Ave (If rural, give location) 3
(e) Citizen of foreign country? No (Yes or No) 1
If yes, name country Germany

3. (a) PRINT FULL NAME Frederich H. Hoch
3. (b) If veteran, name war
3. (c) Social Security No. None
4. Sex Male 0
5. Color or race W
6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of husband or wife Barbara
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Dec. 28 (Month) 28 (Day) 1867 (Year)

8. AGE: Years 80 Months 3 Days 7 If less than one day hr. min.

9. Birthplace Rock Hill (City, town, or county) 0 (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
FATHER
12. Name Henry F. Hoch
13. Birthplace Germany (City, town, or county) 4 (State or foreign country)
MOTHER
14. Maiden name Grosshan
15. Birthplace Germany (City, town, or county) 4 (State or foreign country)
16. (a) Informant Mrs. Mabel Kullmar
(b) Address 250 Barter Kirkwood
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4 (Month) 7 (Day) 48 (Year)
(c) Place: burial or cremation Elm Lawn Cem.
18. (a) Signature of funeral director Meyer-Pitzinger Fun. Dir. Inc.
(b) Address 331 S. Kirkwood Rd.
19. (a) 4-5-48 (Date received local registrar) (b) Carl A. Shaw (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 4 year 1948 hour 1 minute 40 P. M.
21. I hereby certify that I attended the deceased from Mar 26, 1948, to April 4, 1948 that I last saw him alive on April 3, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chr. myocarditis	
Gen'l arteriosclerosis	
Due to P	
Due to 93 d	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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 C H Denny (M. D. or other) MD
Address Creve Coeur, Mo Date signed 4-5-48

Jefferson City Printing Co.

(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 John M. Meyer

Licensed Embalmer No. 3288

P. O. Address Kirkwood 22 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.