FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUL 19 1948
Registration District No. 42

MISSOURI DIVISION OF HEALTH
# STANDARD CERTIFICATE OF DEATH

State File No. 22229

Primary Registration District No. 1000

Registrar's No. 740

**1. PLACE OF DEATH:**

(a) County: Buchanan

(b) City or town: St. Joseph
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: General Osteopathic Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 30 days (Specify whether
In this community ~~5 years~~ 30 days
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State: Kansas (b) County: Doniphan 999

(c) City or town: Elwood 14
(If outside city or town limits, write "RURAL")

(d) Street No.: " 0
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 2

If yes, name country

3. (a) PRINT FULL NAME: Gottfried Hochenauer

3. (b) If veteran, name war: No

3. (c) Social Security No.: no

4. Sex: Male

5. Color or race: white

6. (a) Single, widowed, married, divorced: widower

6. (b) Name of husband or wife: Mary

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

7. Birth date of deceased: September 20 1872
(Month) (Day) (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---|---|---|---|---|
| ✓ | 75 | 9 | 10 | hr. min. |

9. Birthplace: — Austria 4
(City, town, or county) (State or foreign country)

10. Usual occupation: Retired Railroad Employee

11. Industry or business: Union Pacific Ry

FATHER
12. Name: unknown
13. Birthplace: — Austria 4
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: unknown
15. Birthplace: — Austria 4
(City, town, or county) (State or foreign country)

16. (a) Informant: Mrs Clara Swann
(b) Address: 2711 So 22 St Joseph Mo

17. (a) Burial (b) Date thereof: 7-3-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Memorial Park Cemetery

18. (a) Signature of funeral director: Barry Funeral Home
(b) Address: St. Joseph, Mo.

19. (a) 7-14-48 (b) E. C. Jenkins 382
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month June day 30
year 1948 hour 5 minute 10 P M.

21. I hereby certify that I attended the deceased from 6-3, 1948 to 6-30, 1948 that I last saw him alive on 6-30, 1948 and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: Chronic endocarditis | |
| Due to | |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) | |

Major findings:
Of operations
Of autopsy

92 B

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: "

23. Signature: John Spencer Dee (M.D. or other)

Address: St Joseph Mo Date signed: 7-7-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK

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 Victor Barry

Licensed Embalmer No. #212

P. O. Address ST Joseph mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.