

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **818**

FILED JAN 13 1949

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **116** PRIMARY REG. DIST. NO. **3020** Registrar's No. **5**

1. PLACE OF DEATH a. COUNTY <b>Franklin.</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Franklin</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Washington</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Washington</b>	
c. LENGTH OF STAY (in this place) <b>2 das.</b>		d. STREET ADDRESS (If rural, give location) <b>928 W. 5th St.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Francis Hospital.</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Theckla</b>	b. (Middle)	c. (Last) <b>Hoeing</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Jan. 4th, 1949</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Oct. 8th, 1858</b>	9. AGE (In years last birthday) <b>90</b>	IF UNDER 1 YEAR Months <b>2</b> Days <b>26</b>	IF UNDER 1 HOUR Hours <b></b> Min. <b></b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Home-maker.</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Own home.</b>	11. BIRTHPLACE (State or foreign country) <b>Austria.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>John Schmidt.</b>	13b. MOTHER'S MAIDEN NAME <b>Anna Mary Schubert</b>	14. NAME OF HUSBAND OR WIFE <b>Bernard J. Hoeing</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No.</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Anna M. Hoeing</b>	ADDRESS <b>928 W. 5th St. Washington, Mo.</b>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chc. nephritis</b>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arterio-sclerosis</b>		
	DUE TO (c) <b>age</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>0</b>
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22. I hereby certify that I attended the deceased from **Sept 6, 1948** to **June 4, 1949** that I last saw the deceased alive on **July 4, 1949**, and that death occurred at **7 p.m.** from the causes and on the date stated above.

23a. SIGNATURE <b>E. O. Murch</b> (Degree or title)	23b. ADDRESS <b>Washington Mo</b>	23c. DATE SIGNED <b>1-7-49</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Jan. 8, 1949</b>	24c. NAME OF CEMETERY OR CREMATORY <b>St. Francis Borgia Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Washington, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>Jan 7, 1949</b>	REGISTRAR'S SIGNATURE <b>[Signature]</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>99</b> ADDRESS <b>Nieburg + Witt, Inc. Washington, Mo.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

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66

RECEIVED  
District Health Officer No. 9,  
District File Number  
Date Filed JAN 10 1949

**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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed.....  
Student Embalmer

Signed

*Jerome F. Svoboda*

Licensed Embalmer No. *4507*

P. O. Address *Washington*

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.