

No. 300  
10-48

FILED FEB 14 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH  
318 1003

2803

State File No. \_\_\_\_\_  
Registrar's No. 1051

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. 1051			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <b>Missouri</b> b. COUNTY _____					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (in this place) <b>Lifetime</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis I8</b>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>314I Ohio</b>				d. STREET ADDRESS (If rural, give location) <b>314I Ohio</b>					
3. NAME OF DECEASED (Type or Print) <b>Emma</b>			a. (First)		b. (Middle)		c. (Last) <b>Hoehl</b>		
4. DATE OF DEATH <b>February 2, 1949</b>		(Month) (Day) (Year)							
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>September 25, 1886</b>			
9. AGE (In years last birthday) <b>62</b>		IF UNDER 1 YEAR Months <b>4</b> Days <b>7</b>		IF UNDER 12 HRS. Hours <b></b> Min. <b></b>					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housework</b>			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <b>St. Louis, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		
13a. FATHER'S NAME <b>John Obenauer</b>			13b. MOTHER'S MAIDEN NAME <b>Elizabeth Heisner</b>			14. NAME OF HUSBAND OR WIFE <b>Julius (Deceased)</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>489-10-7337</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Julius Hoehl</b> ADDRESS <b>314I Ohio St. Louis I8, Mo.</b>					
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>metastatic sarcoma to lung, liver</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Osteogenic Sarcoma of femur</b>  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>15 h</b>						INTERVAL BETWEEN ONSET AND DEATH <b>8-10-48</b> <b>12-1-47</b>	
19a. DATE OF OPERATION <b>2/7/48</b>		19b. MAJOR FINDINGS OF OPERATION <b>amputation mid thigh</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>factor?</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>factory</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>St. Louis Mo. Mo.</b>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>8 1 47</b>		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>Struck knee on machine</b>					
22. I hereby certify that I attended the deceased from <b>Dec 1, 1947</b> , to <b>Feb 2, 1949</b> , that I last saw the deceased alive on <b>Nov 20, 1948</b> , and that death occurred at <b>4</b> a.m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <b>J. B. Lassiter M.D.</b>				23b. ADDRESS <b>508 N. Grand</b>		23c. DATE SIGNED <b>2/3/49</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Feb. 5, 1949</b>		24c. NAME OF CEMETERY OR CREMATORY <b>St. Paul's Churchyard</b>		24d. LOCATION (City, town, or county) (State) <b>7600 Rock Hill Road, St. L I9 Mo</b>			
DATE REC'D BY LOCAL <b>FEB 3 1949</b>		REGISTRAR'S SIGNATURE <b>J. B. Lassiter</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>C. Hoffmeister</b> ADDRESS <b>Colonial Mortuary Chippewa 6164</b>					

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

Room 504, Metropolitan Bldg  
508 N. Grand Blvd (Grand & Olive)  
Have signed Thursday February 3, 1949  
between 1 & 4 PM.

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

*Ronald O. Mahutke*

Signed \_\_\_\_\_

Student Embalmer

Licensed Embalmer No. *3917*

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.