

FILED MAR 19 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10171
2331
Registrar's No.

318

1003

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.		
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Mo.</i> b. COUNTY <i>Mad</i>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St. Louis</i>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St. Louis</i>		17 9		
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>3430 Tennessee Av.</i>				d. STREET ADDRESS (If rural, give location) <i>3430 Tennessee Av. 0</i>				
3. NAME OF DECEASED (Type or Print) a. (First) <i>Marie</i> b. (Middle) <i>Hoehn</i> c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <i>Mar. 13 1949</i>					
5. SEX <i>Female</i>		6. COLOR OR RACE <i>white</i>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>		8. DATE OF BIRTH <i>Sept. 21 1864</i>		
9. AGE (In years last birthday) <i>84</i>		IF UNDER 1 YEAR Months Days		IF UNDER 2 WKS. Hours Min.				
10a. USUAL OCCUPATION (Give kind of work done during most of working life. If retired) <i>House wife</i>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Germany 4</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.G.</i>	
13a. FATHER'S NAME <i>William Schmidt</i>			13b. MOTHER'S MAIDEN NAME <i>Unknown</i>			14. NAME OF HUSBAND OR WIFE <i>Gottlieb G. Hoehn</i>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>no</i>		16. SOCIAL SECURITY NO. <i>no</i>		17. INFORMANT'S SIGNATURE OR NAME <i>Gottlieb G. Hoehn</i>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH <i>10 days</i>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Bronchial Catarrh</i>		ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. DUE TO (b) <i>Bronchitis & myocarditis</i> DUE TO (c) <i>Senility</i>					Chronic	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		10						
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <i>42 22</i>					20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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)				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from <i>3-5-</i> , 19 <i>49</i> , to <i>3-13-</i> , 19 <i>49</i> that I last saw the deceased alive on <i>3-13-</i> , 19 <i>49</i> , and that death occurred at <i>6:30 p.m.</i> , from the causes and on the date stated above.								
23a. SIGNATURE <i>L. F. Murray</i> (Degree or title) <i>L. F. Murray</i>				23b. ADDRESS <i>605-A Russell Blvd</i>		23c. DATE SIGNED <i>3-14-49</i>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Cremation</i>		24b. DATE <i>3-16-1949</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Mo. Crematory</i>		24d. LOCATION (City, town, or county) (State) <i>St. Louis Mo.</i>		
DATE RECD BY MEDICAL REG. <i>MAR 14 1949</i>		REGISTRAR'S SIGNATURE <i>J. B. Lasater</i>			25. FUNERAL DIRECTOR'S SIGNATURE <i>With Bros. & Co.</i>			
					ADDRESS <i>2929 S. Jefferson</i>			

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

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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.....

..... Student Embalmer No.
working under my personal supervision.

Signed.....
Student Embalmer

Signed

H. M. Davis

Licensed Embalmer No.

3741

P. O. Address

2929 S. Jefferson

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.