

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **25660**

FILED AUG 2 1949

BIRTH NO. _____ REG. DIST. NO. **217** PRIMARY REG. DIST. NO. **6076** Registrar's No. **1519**

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jefferson Barracks, MO.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
c. LENGTH OF STAY (in this place) 54yrs		d. STREET ADDRESS (If rural, give location) 6951 Plainview	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSP.			

3. NAME OF DECEASED (Type or Print)	a. (First) EDWARD	b. (Middle) W.	c. (Last) HOENER	4. DATE OF DEATH (Month) (Day) (Year)
	EDWARD	W.	HOENER	6 25 49

5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 5-2-95	9. AGE (In years last birthday) 54	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 1 MIN. Hours	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Real Estate Salesman	10b. KIND OF BUSINESS OR INDUSTRY Booker-Ling Bundshuh R.E.Co.	11. BIRTHPLACE (State or foreign country) St. Louis, Mo.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME WILLIAM HOENER	13b. MOTHER'S MAIDEN NAME ELIZABETH GERKIN	14. NAME OF HUSBAND OR WIFE Mrs. Irene Hoener
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes World War I	16. SOCIAL SECURITY NO. Unk	17. INFORMANT'S SIGNATURE OR NAME EUGENE F. NOLAN, REGISTRAR	ADDRESS VETS. ADM. HOSP., JEFFERSON BRKS. MO.
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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, asthma, 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) Peritonitis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic peptic ulcer of duodenum DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION 6/8/49	19b. MAJOR FINDINGS OF OPERATION Chronic peptic ulcer, fat necrosis	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) None	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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **5-23-49**, 19**49**, to **6-25**, 19**49**, that I last saw the deceased alive on **6-25**, 19**49**; and that death occurred at **1:30a** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Herbert R. Dampier, M.D. (O.D.)	23b. ADDRESS V. A. HOSP. JEFF. BRKS. MO.	23c. DATE SIGNED 6-25-49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE June 27, 1949	24c. NAME OF CEMETERY OR CREMATORY Nat'l. Cem. Jeff. Bks. Mo.	24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.
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DATE REC'D BY LOCAL REG. 6-27-49	REGISTRAR'S SIGNATURE Herbert R. Dampier	25. FUNERAL DIRECTOR'S SIGNATURE Kriegshauser	ADDRESS 4228 S. Kingshighway Bl.
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WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

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.

Student
Student Embalmer

Signed

Edwin M. Merritt

Licensed Embalmer No. 3024

P. O. Address.....

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.