

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25661

State File No. _____

FILED AUG 2 1949

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 17212

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Franklin	
b. CITY OR TOWN Jefferson Barracks, Mo. c. LENGTH OF STAY (in this place) 52 yrs		c. CITY OR TOWN Washington	
d. FULL NAME OF HOSPITAL OR INSTITUTION Veterans Administration, Hosp		d. STREET ADDRESS (If rural, give location) Route #2	

3. NAME OF DECEASED (Type or Print) a. (First) David b. (Middle) F c. (Last) Hoer			4. DATE OF DEATH (Month) (Day) (Year) July 20 1949		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Dec 26, 1896		9. AGE (In years last birthday) 53		10. IF UNDER 1 YEAR: Months _____ Days _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) Washington, D. C.	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME August Hoer		13b. MOTHER'S MAIDEN NAME Rosa Beuker		14. NAME OF HUSBAND OR WIFE Adella Hoer (Wife)	
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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. Unknown		17. INFORMANT'S SIGNATURE OR NAME Eugene F. Nolan, Registrar ADDRESS Vet. Adm. Hosp., Jeff Brks., Mo.	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive C-V disease DUE TO (c) Glomerulonephritis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 15 minutes	
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19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) _____	
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 6-20, 1949, to 7-20, 1949, that I last saw the deceased alive on 7-20-49, 1949, and that death occurred at 8:50 P.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Jesse Younger, MD		23b. ADDRESS Vet. Adm. Hosp., Jeff Brks., Mo		23c. DATE SIGNED 7-21-49	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 7-21-49		24c. NAME OF CEMETERY OR CREMATORY Unknown	
24d. LOCATION (City, town, or county) (State) Washington, Mo.					

DATE REC'D BY LOCAL REG. 7-21-49		REGISTRAR'S SIGNATURE Herbert R. Lamb		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe, 4700 Washington Blvd.	
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(Licensed Embalmer's Statement on Reverse Side)

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

AUG 19 1945

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.....

Alfred G. Hoffe

Licensed Embalmer No.

2971

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.