No. 300
10.48

FILED SEP 6 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28874

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 4465 Registrar's No. 1985

96
19

1. PLACE OF DEATH
a. COUNTY St Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rock Hill
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 1386 N.Berry Rd.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo. b. COUNTY St Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rock Hill
d. STREET ADDRESS (If rural, give location) 1386 N.Berry Rd.

3. NAME OF DECEASED (Type or Print) a. (First) Charles b. (Middle) E. c. (Last) Hoeh

4. DATE OF DEATH (Month) 8 (Day) 15 (Year) 1949

5. SEX Male **6. COLOR OR RACE** W. **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) Married **8. DATE OF BIRTH** 10-1961875 **9. AGE** (In years last birthday) 73 IF UNDER 1 YEAR Months 9 Days 26 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired **10b. KIND OF BUSINESS OR INDUSTRY** Luth.Minister **11. BIRTHPLACE** (State or foreign country) Uniontown.Mo. **12. CITIZEN OF WHAT COUNTRY** U.S.A.

13a. FATHER'S NAME Paul Hoeh **13b. MOTHER'S MAIDEN NAME** Wilhelmina Hemman **14. NAME OF HUSBAND OR WIFE** Augusta Hoeh

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service) **16. SOCIAL SECURITY NO.** None **17. INFORMANT'S SIGNATURE OR NAME** Augusta Hoeh.Rock Hill,Mo. ADDRESS

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertensive cardio-
DUE TO (c) renal disease — Chr.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Acute Hepatitis — 6 days

19a. DATE OF OPERATION _____ **19b. MAJOR FINDINGS OF OPERATION** _____ **20. AUTOPSY?** YES ☐ NO ☑

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) m. **21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐ **21f. HOW DID INJURY OCCUR?**

22. *I hereby certify that I attended the deceased from* Aug 10, 1949, *to* Aug 15, 1949, *that I last saw the deceased alive on* Aug 15, 1949, *and that death occurred at* 5 15 p m., *from the causes and on the date stated above.*

23a. SIGNATURE O. J. Seabaugh (Degree or title) M.D. **23b. ADDRESS** Webster Groves Mo **23c. DATE SIGNED** Aug 16 '49

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial **24b. DATE** 8-18-49 **24c. NAME OF CEMETERY OR CREMATORY** Oak Hill **24d. LOCATION** (City, town, or county) Kirkwood (State) Mo.

DATE REC'D BY LOCAL REG. 8-16-49 **REGISTRAR'S SIGNATURE** Herbert R. Hamlin **25. FUNERAL DIRECTOR'S SIGNATURE** Louis H.Bopp, Inc. **ADDRESS** Kirkwood, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

ROH-63

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 Felix Durand

Licensed Embalmer No. 3034

P. O. Address Kirkwood 22 mi

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.