

FILED AUG 22 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28899

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>3068</u>		Registrar's No. <u>1897</u>		
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Maplewood</u>		c. LENGTH OF STAY (in this place) <u>10 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Maplewood</u>		<u>4554</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2904 Barthold Ave.</u>				d. STREET ADDRESS (If rural, give location) <u>2904 Barthold Ave.</u>				
3. NAME OF DECEASED (Type or Print) <u>VICTORIA</u>		a. (First) <u>M</u>		c. (Last) <u>HOEHN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 6, 1950</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Mar. 9, 1863</u>		9. AGE (in years last birthday) <u>87</u>	IF UNDER 1 YEAR Months <u>4</u> Days <u>27</u>	IF UNDER 1 YEAR Hours <u></u> Mins. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u></u>		11. BIRTHPLACE (State or foreign country) <u>Booneville, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Sylvester Merstetter</u>			13b. MOTHER'S MAIDEN NAME <u>Thresa Kemp</u>		14. NAME OF HUSBAND OR WIFE <u>late George L. Hoehn</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mr. Frank Martini</u> ADDRESS <u>2904 Barthold Ave. Maplewood, Mo.</u>				
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) <u>Concussion of the Brain</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Senile Dementia</u> DUE TO (c) <u>Cerebral arteriosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Shock.</u>					INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u> <u>2 1/2 hrs</u> <u>6:40 PM</u> <u>21</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>126</u> <u>254</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Aug 5, 1950 9:30 m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>fell out of first floor bedroom window</u>				
22. I hereby certify that I attended the deceased from <u>Aug 5, 1950</u> , to <u>Aug 6, 1950</u> , that I last saw the deceased alive on <u>Aug 5, 1950</u> , and that death occurred at <u>9:30 p. m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Thorton A. Dill M.D.</u>				23b. ADDRESS <u>7346 Mancharade Maplewood 17, Mo.</u>		23c. DATE SIGNED <u>8-6-50</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8-8-1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lakewood Park Ceme.</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Co., Mo.</u>			
DATE REC'D BY LOCAL REG. <u>8-7-50</u>		REGISTRAR'S SIGNATURE <u>Robert L. ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>JAY B. SMITH, 7456 Manchester Ave. Maplewood 17, Mo.</u>				

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

J. Allen Davis

Signed.....
Student Embalmer

Licensed Embalmer No. *1105 21*

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.