

FILED SEP 22 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. 31708  
7730

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give town) <b>ST. LOUIS</b>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) <b>ST. LOUIS</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>DE PAUL HOSPITAL</b>				d. STREET ADDRESS (If rural, give location) <b>1371 HAMILTON AVE.,</b>			
3. NAME OF DECEASED (Type or Print)		a. (First) <b>JOHN</b>		b. (Middle) <b>F.</b>		c. (Last) <b>HOESCHEN.</b>	
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <b>Single</b>		8. DATE OF BIRTH <b>July 8, 1877</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>PRIEST</b>		10b. KIND OF BUSINESS OR INDUSTRY		9. AGE (In years last birthday) <b>73</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>SEPT. 11, 1950</b>	
11. BIRTHPLACE (State or foreign country) <b>ST. LOUIS</b>				12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>			
13a. FATHER'S NAME <b>FRANK HOESCHEN</b>			13b. MOTHER'S MAIDEN NAME <b>ANNA FLOTTEMESCH</b>			14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>REV. C. HUELSTER, 1371 HAMILTON AVE.,</b>			
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) <b>Carcinoma of Prostate</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>None</b>  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Metastasis to spine &amp; shoulder 6 mo.</b>				INTERVAL BETWEEN ONSET AND DEATH <b>7-8 yrs.</b>	
19a. DATE OF OPERATION <b>None</b>		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>None</b>		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) <b>None</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>177X</b>			
22. I hereby certify that I attended the deceased from <b>1943</b> , 19__ to <b>Sept. 11, 1950</b> , that I last saw the deceased alive on <b>Sept 11, 1950</b> , and that death occurred at <b>2:04 P.M.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>Edward H. Howe, M.D.</b>				23b. ADDRESS <b>2435 N. Grand Blvd.</b>		23c. DATE SIGNED <b>9-12-50</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Sept. 14/50</b>		24c. NAME OF CEMETERY OR CREMATORY <b>CALVARY CEMETERY</b>		24d. LOCATION (City, town, or county) (State) <b>ST. LOUIS CO. MO.</b>	
DATE REC'D BY LOCAL REG. <b>SEP 12 1950</b>		REGISTRAR'S SIGNATURE <b>[Signature]</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>JOS. W. CLARK, 1125 HODIAMONT AVE.,</b>			

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

DR.

**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 Alfred J. Boedeker  
Licensed Embalmer No. 2336

P. O. Address 1125 Hodiament Ave. S.E.

**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.**