

FILED SEP 27 1950 STANDARD CERTIFICATE OF DEATH

State File No. 2235

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3069 Registrar's No. 2235

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) <u>Richmond Heights,</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Richmond Heights,</u>	
c. LENGTH OF STAY (In this place) <u>46 Days.</u>		d. STREET ADDRESS (If rural, give location) <u>8715 Hoover Avenue,</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Mary's Hospital.</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>CHARLES</u>	b. (Middle) <u>WALTER</u>	c. (Last) <u>HOEVEL,</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Sep't 19, 1950.</u>
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5. SEX <u>Male.</u>	6. COLOR OR RACE <u>White.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married.. /</u>	8. DATE OF BIRTH <u>October 27 1885.</u>	9. AGE (In years last birthday) <u>64.</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Wholesaler and jobber of Advertising.</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>St. Louis, Missouri.</u>	11. BIRTHPLACE (State or foreign country) <u>U.S.A.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>August Hoevel.</u>	13b. MOTHER'S MAIDEN NAME <u>Louise</u>	14. NAME OF HUSBAND OR WIFE <u>L. Katherine Hoevel.</u>
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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) <u>Yes. W.W.I.</u>	16. SOCIAL SECURITY NO. <u>W.W.I.</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs C. W. Hoevel,</u>	ADDRESS <u>8715 Hoover Ave.,</u>
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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 <u>584X</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cirrhosis of Liver</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cholelithiasis and</u> DUE TO (c) <u>Cholecystitis</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>584X</u>			

19a. DATE OF OPERATION <u>4/18/1950</u>	19b. MAJOR FINDINGS OF OPERATION <u>Cholecystitis, Cholelithiasis, Cirrhosis of Liver</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <input checked="" type="checkbox"/>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>St. Louis, Missouri</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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 4/14, 1950, to 9/19, 1950, that I last saw the deceased alive on 9-19, 1950, and that death occurred at 4:50 P.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Robert Stewart M.D.</u>	23b. ADDRESS <u>4660 Maryland St. St. Louis, Mo.</u>	23c. DATE SIGNED <u>9/20/50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial.</u>	24b. DATE <u>9/22/50.</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Bellefontaine Cemetery,</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis, Missouri.</u>
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DATE REC'D BY LOCAL REG. <u>9-20-50</u>	REGISTRAR'S SIGNATURE <u>Herbert R. Donke M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>R. Lupton & Sons,</u>	ADDRESS <u>7233 Delmar Bl.,</u>
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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 _____

working under my personal supervision.

Student Embalmer No.

Signed

Arnold W. Schoene

Signed.....
Student Embalmer

Licensed Embalmer No. *3864*

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.