No. 300
10.48

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

FILED NOV 24 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38622

BIRTH NO. 76785-50 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 9627

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
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): Missouri Baptist Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Warren
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wright City
d. STREET ADDRESS (If rural, give location): ---

1090 / 1

3. NAME OF DECEASED (Type or Print)
a. (First): Stephen
b. (Middle): Gale
c. (Last): Hoech

4. DATE OF DEATH (Month) (Day) (Year): Nov. 10, 1950

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married
8. DATE OF BIRTH: Nov. 7, 1950
9. AGE (In years last birthday): If under 1 year: Months / Days: 3 / If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): infant
10b. KIND OF BUSINESS OR INDUSTRY: ---
11. BIRTHPLACE (State or foreign country): St. Louis, Missouri
12. CITIZEN OF WHAT COUNTRY?: USA
13a. FATHER'S NAME: George Hoech, Sr.
13b. MOTHER'S MAIDEN NAME: Emma Gassman
14. NAME OF HUSBAND OR WIFE: nil-----
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: George Hoech Sr.
ADDRESS: Wright City, Mo.

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): Erythroblastosis Foetalis — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

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):
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: 770.0

22. I hereby certify that I attended the deceased from Nov 7, 1950, to Nov. 10, 1950, that I last saw the deceased alive on Nov 10, 1950, and that death occurred at 5 p.m., from the causes and on the date stated above.

23a. SIGNATURE: John B. O'Neill
(Degree or title): M.D.
23b. ADDRESS: 1222 Missouri Theatre
23c. DATE SIGNED: 11/11/50

24a. BURIAL, CREMATION, REMOVAL (Specify): removal
24b. DATE: 11-11-50
24c. NAME OF CEMETERY OR CREMATORY: Pinn Oak Cemetery
24d. LOCATION (City, town, or county) (State): Warrenton, Missouri

DATE REC'D BY LOCAL REG.: NOV 13 1950
REGISTRAR'S SIGNATURE: J. B. Sanders
25. FUNERAL DIRECTOR'S SIGNATURE: Albert H. Hoppe
ADDRESS: 4700 Washington

(Licensed Embalmer's Statement on Reverse Side)

2896

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~~ me

.....,

working under my personal supervision.

Student Embalmer No. .....

Signed.....

Signed.....
Student Embalmer

Licensed Embalmer No. 4699

P. O. Address [illegible]

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.