S. No. 300
v. 10-48

4007

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

FILED NOV 22 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39306

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3070 Registrar's No. 2747

1. PLACE OF DEATH
a. COUNTY: ST. LOUIS
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): WEBSTER GROVES
c. LENGTH OF STAY (In this place): years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 323 ORCHARD AVE

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).
a. STATE: MISSOURI
b. COUNTY: ST. LOUIS
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): WEBSTER GROVES 59 4597
d. STREET ADDRESS (If rural, give location): 323 ORCHARD AVE. 0

3. NAME OF DECEASED (Type or Print)
a. (First): MABEL
b. (Middle): L.
c. (Last): HOEVEL.

4. DATE OF DEATH (Month) (Day) (Year): NOV. 14, 1950

5. SEX: Female 1
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single.. ()
8. DATE OF BIRTH: June 12, 1887.
9. AGE (In years last birthday): 63.
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home..
10b. KIND OF BUSINESS OR INDUSTRY: .....
11. BIRTHPLACE (State or foreign country): St. Louis, Missouri. 0
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: August Hoevel.
13b. MOTHER'S MAIDEN NAME: Louise Schrader.
14. NAME OF HUSBAND OR WIFE: .....

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no.
(If yes, give war or dates of service): no.
16. SOCIAL SECURITY NO.: None.
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Mrs O.B. Brockmeyer, 323 Orchard.

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

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.

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

ANTECEDENT CAUSES

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

DUE TO (b) vascular hypertension — ?

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. — 332A

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* Oct 10, 1949, *to* Dec 14, 1950, *that I last saw the deceased alive on* Nov 13, 1950, *and that death occurred at* 7 p m., *from the causes and on the date stated above.*

23a. SIGNATURE Samuel B Grant (Degree or title)
23b. ADDRESS 114 N Taylor Ave
23c. DATE SIGNED 11/15/50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial. ()
24b. DATE: 11/16/50.
24c. NAME OF CEMETERY OR CREMATORY: Bellefontaine Cemetery
24d. LOCATION (City, town, or county) (State): St. Louis, Mo.,

DATE REC'D BY LOCAL REG.: 11-15-50
REGISTRAR'S SIGNATURE: Herbert R Domke MD
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: J.R. Lupton & Sons: 7233 Delmar Blvd;

RWR (Licensed Embalmer's Statement on Reverse Side)

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.