

No. 300  
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Reg, # 85541

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 3375

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 216

1. PLACE OF DEATH a. COUNTY <b>ST. LOUIS, MO.</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>ST. LOUIS</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>JEFF. BRKS, MO.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>MAPIEWOOD</b>	
c. LENGTH OF STAY (In this place) <b>217 days</b>		<b>4534</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>VETS ADMINISTRATION HOSPITAL</b>		d. STREET ADDRESS (If rural, give location) <b>2311 Bellevue Avenue</b>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <b>HERMAN</b>	b. (Middle) (NMI)	c. (Last) <b>HOENE</b>	(Month) <b>Jan.</b>	(Day) <b>24</b>	(Year) <b>1951</b>
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>1-13-75</b>	9. AGE (In years last birthday) <b>76</b>	IF UNDER 1 YEAR Months <b>0</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Engineer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>-</b>		11. BIRTHPLACE (State or foreign country) <b>GERMANY</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>					

13a. FATHER'S NAME <b>CARL HOENE</b>		13b. MOTHER'S MAIDEN NAME <b>AGUSTA PRICE</b>		14. NAME OF HUSBAND OR WIFE <b>Alice Stella Semple</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>YES</b>		16. SOCIAL SECURITY NO. <b>SPAW</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>VA HOSPITAL RECORDS, JEFF. BRKS, MO.</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH <b>1 yr</b>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		<b>CARCINOMA OF LARYNX WITH METASTASES</b>			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused 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		Arteriosclerotic heart disease			<b>1 year</b>
Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION <b>5-22-50</b>		19b. MAJOR FINDINGS OF OPERATION <b>CARCINOMA OF LARYNX - EXTENSIVE</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **5-22**, 19**50**, to **1-24**, 19**51**, that I had seen the deceased ~~XXXXXX~~ and that death occurred at **1:10A** m., from the causes and on the date stated above.

23a. SIGNATURE <b>L. E. Stilwell</b>		23b. ADDRESS <b>VA HOSPITAL, JEFF. BRKS, MO.</b>		23c. DATE SIGNED <b>1-24-51</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>1-26-51</b>		24c. NAME OF CEMETERY OR CREMATORY <b>NATIONAL CEMETERY</b>	
				24d. LOCATION (City, town, or county) (State) <b>JEFFERSON BARRACKS, MO.</b>	

DATE REC'D BY LOCAL REG. <b>1/25/51</b>		REGISTRAR'S SIGNATURE <b>Robert R. Donker M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>ROBT. J. AMBRUSTER, St. Louis, Mo.</b>	
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(Licensed Embalmer's Statement on Reverse Side)

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

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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

*J. Allen Jones Jr*

Licensed Embalmer No. 4053

P. O. Address \_\_\_\_\_

**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.