

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

36049

State File No. _____

DECEASED OCT 27 1952

BIRTH NO. 71023 REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058 Registrar's No. 219

0923
 C

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

1. PLACE OF DEATH a. COUNTY St Charles		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY ST. CHARLES	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Charles Mo		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN WRIGHT CITY	
d. FULL NAME OF HOSPITAL OR INSTITUTION St Joseph Hospital		d. STREET ADDRESS (If rural, give location) 1090	
3. NAME OF DECEASED (Type or Print) a. (First) Margaret b. (Middle) Elaine c. (Last) Hoech			4. DATE OF DEATH (Month) (Day) (Year) Oct 18 1952
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH Oct 16 1952
9. AGE (In years last birthday) 2 days		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None	10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (State or foreign country) St Charles Co Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME George Hoech		13b. MOTHER'S MAIDEN NAME Emma Gassmann	
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) No	
16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS George Hoech Wright City MO.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Erythroblastosis Fetalis		INTERVAL BETWEEN ONSET AND DEATH	
*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			
Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 7700	
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) (Min.)		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 Oct 16, 1952, to Oct 18, 1952 that I last saw the deceased alive on 10-18-1952 , and that death occurred at 3:52 p.m. , from the causes and on the date stated above.			
23a. SIGNATURE George R. S. [Signature]		23b. ADDRESS [Signature]	
23c. DATE SIGNED 10-20-52		24a. BURIAL, CREMATION, OR OTHER DISPOSAL (Specify) Burial	
24b. DATE Oct 20 1952		24c. NAME OF CEMETERY OR CREMATORY Pin Oak Cemetery	
24d. LOCATION (City, town, or county) (State) New Truxton Mo.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Nieburg Furn & Und Co Wright City Mo	
DATE REC'D BY LOCAL REG. 10-20-52		REGISTRAR'S SIGNATURE [Signature]	

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 Julius J. Nieburg

Signed.....
Student Embalmer

Licensed Embalmer No. 3366

P. O. Address Wright City 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.