No. 300
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED DEC 10 1953

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 40603

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 11402

**1. PLACE OF DEATH**
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST. LOUIS, MISSOURI
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): ST. LOUIS CITY HOSPITAL

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission.)
a. STATE: MISSOURI
b. COUNTY: 2117
c. CITY OR TOWN: ST. LOUIS
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ] 0
e. STREET ADDRESS (If rural, give location): 3626 a ALDINE AVE

**3. NAME OF DECEASED** (Type or Print)
a. (First): LOUIS
b. (Middle):
c. (Last): HOCHTHURN

**4. DATE OF DEATH** (Month) (Day) (Year): NOVEMBER 29, 1953

**5. SEX**: MALE 0

**6. COLOR OR RACE**: WHITE

**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): WIDOWED 2

**8. DATE OF BIRTH**: 5/21/1891

**9. AGE** (In years last birthday): 62
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): LABORER

**10b. KIND OF BUSINESS OR INDUSTRY**:

**11. BIRTHPLACE** (City and State or Foreign Country): ST. LOUIS MISSOURI 0

**12. CITIZEN OF WHAT COUNTRY?**: U.S.A.

**13a. FATHER'S NAME**: LOUIS HOCHTHURN

**13b. MOTHER'S MAIDEN NAME**: AGNES MCDERMOTT

**14. NAME OF HUSBAND OR WIFE**:

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): WORLD WAR # 1
(If yes, give war or dates of service)

**16. SOCIAL SECURITY NO.**: #

**17. INFORMANT'S SIGNATURE OR NAME ADDRESS**: RICHARD HOCHTHURN 3626 a ALDINE AVE

**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) Arteriosclerotic Heart Disease — 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 [X] 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): 420.0

**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* 10-12-53, 19____, *to* 11-29-53, 19____, *that I last saw the deceased alive on* 11-29-53, 19____, *and that death occurred at* 12:05 *a.m., from the causes and on the date stated above.*

**23a. SIGNATURE** J. J. Budd Jr. MD 0 (Degree or title)

**23b. ADDRESS**: 1515 Lafayette Avenue

**23c. DATE SIGNED**

**24a. BURIAL, CREMATION, REMOVAL** (Specify): BURIAL

**24b. DATE**: 12/3/53

**24c. NAME OF CEMETERY OR CREMATORY**: NATIONAL CEMETERY

**24d. LOCATION** (City, town, or county) (State): JEFFERSON BARRACKS MO.

**DATE REC'D BY LOCAL REG.**: DEC 2 1953

**REGISTRAR'S SIGNATURE**: J. Earl Smith M.D.

**25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS**: STROOT - CARROLL 4600 NATURAL BRIDGE AVE

M.W.B. (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 embalm

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed M. W. Ruter

Licensed Embalmer No. 486 S

P. O. Address St Louis

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

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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