

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

7183

State File No. ....

FILED MAR 5 1954 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 547 Registrar's No. 382

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before adjustment). 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>Richmond Heights</b>	c. LENGTH OF STAY (in this place) <b>7 days</b>	c. CITY OR TOWN <b>Kirkwood</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>St. Mary's Hospital</b>		e. STREET ADDRESS (If rural, give location) <b>226 W. Argonne Dr.</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>JOHN</b>	b. (Middle) <b>F.</b>	c. (Last) <b>HOING</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Feb. 10, 1954</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Feb. 27, 1878</b>	9. AGE (In years last birthday) <b>75</b>	IF UNDER 1 YEAR Month <b>11</b> Day <b>14</b>	IF UNDER 4 HRS. Hours <b></b> Min. <b></b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>School Teacher</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Public Schools</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Huntingburg, Ind.</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>John Hoing</b>	13b. MOTHER'S MAIDEN NAME <b>Mary Schneider</b>	14. NAME OF HUSBAND OR WIFE <b>Clara Hoing</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>495-12-9057</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Clara Hoing, Kirkwood, Mo.</b>	ADDRESS <b></b>
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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		INTERVAL BETWEEN ONSET AND DEATH <b>2 1/2 hrs.</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pneumonia</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Renal lithiasis</b> DUE TO (c) <b>Urteral stone</b> 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 <b>6021</b>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 1/22, 1954, to 2/10, 1954, that I last saw the deceased alive on 2/10, 1954, and that death occurred at 12:05P m., from the causes and on the date stated above.

23a. SIGNATURE <b>J. D. Stoelke</b>	(Degree or title) <b>M.D.</b>	23b. ADDRESS <b>105 W. Adams, Kirkwood</b>	23c. DATE SIGNED <b>2/11/54</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>2/13/54</b>	24c. NAME OF CEMETERY OR CREMATORY <b>St. Peter's Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Kirkwood, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>2-11-54</b>	REGISTRAR'S SIGNATURE <b>Herbert R. Donke M.D.</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Louis H. Papp Inc.</b>	ADDRESS <b>Kirkwood</b>
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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.....  
Signature of Student Embalmer

Signed..... *Felix Durand* .....

Licensed Embalmer No. *303*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.