

FILED AUG 10 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24004

BIRTH NO. _____ REG. DIST. NO. 279 PRIMARY REG. DIST. NO. 4415 Registrar's No. 11

1. PLACE OF DEATH a. COUNTY <u>PIKE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>LARKSVILLE</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST LOUIS</u>	
c. LENGTH OF STAY (In this place) <u>1 DAY</u>		d. STREET ADDRESS (If rural, give location) <u>5043 LOTUS</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>MISSISSIPPI RIVER</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>WARREN</u> b. (Middle) <u>EDWIN</u> c. (Last) <u>HOHMEIER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>AUG 1 1954</u>		
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	
8. DATE OF BIRTH <u>FEB-25-1920</u>		9. AGE (In years last birthday) <u>34</u>		10. IF UNDER 1 YEAR Days <u>5</u> Hours <u>6</u> Mins. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FOREMAN</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>AUTO BODY REPAIR</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>ST LOUIS MO</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U-S</u>					

13a. FATHER'S NAME <u>EDWIN HOHMEIER</u>		13b. MOTHER'S MAIDEN NAME <u>LUELLA VOLK</u>		14. NAME OF HUSBAND OR WIFE <u>FLOIS HOHMEIER</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES UNW # 2</u>		16. SOCIAL SECURITY NO. <u>491-18-0739</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>ELOIS HOHMEIER, 5043 LOTUS ST LOUIS MO</u>	

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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Drowning</u> ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) _____ rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>E850K 38</u>			INTERVAL BETWEEN ONSET AND DEATH _____
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19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SOURCE <u>droppin. Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Mississippi river</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Clarksville Pike 082 Mo.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Aug 1 54 9A</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Boat capsized</u>	

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on Aug 2, 1954, and that death occurred at 9A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>J. C. Mudd Coroner</u>		23b. ADDRESS <u>Browning Green Mo</u>		23c. DATE SIGNED <u>Aug 2-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		24b. DATE <u>Aug 3-54</u>		24c. NAME OF CEMETERY OR CREMATORY _____	
24d. LOCATION (City, town, or county) (State) <u>ST LOUIS MO</u>					

DATE REC'D BY LOCAL REG. <u>AUG 10 1954</u>		REGISTRAR'S SIGNATURE <u>Clayde A. Bridges</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>L. BROWN LARKSVILLE, MO</u>	
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WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

5870 20

SEP 8 1954

AUG 11 1954

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 W. Brown

Licensed Embalmer No. 2648

P. O. Address Clarksville, 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.