

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31526

State File No.

FILED SEP 27 1954

BIRTH NO. 55471-54 REG. DIST. NO. 810 PRIMARY REG. DIST. NO. 3058 Registrar's No. 126

1. PLACE OF DEATH a. COUNTY <u>St. Charles</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>Mo.</u> b. COUNTY <u>St. Charles</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Charles</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>O'Fallon</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <u>0920</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph Hospital</u>			

3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH	
a. (First) <u>Joseph</u>	b. (Middle) ---	c. (Last) <u>Hoerber</u>	(Month) (Day) (Year) <u>Sep't 3 1954</u>
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u>	8. DATE OF BIRTH <u>Sep't. 3 1954</u>
9. AGE (In years last birthday)	# UNDER 1 YEAR	# UNDER 1 MONTH	# UNDER 1 MIN.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>St. Charles Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>Elroy Hoerber</u>	13b. MOTHER'S MAIDEN NAME <u>Prinster</u>	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)	16. SOCIAL SECURITY NO. -----	17. INFORMANT'S SIGNATURE OR NAME <u>Elroy Hoerber O'Fallon Mo.</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		17. ADDRESS

18. CAUSE OF DEATH		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Premature Birth</u>		DUE TO (b) <u>Approx 6 mo</u>		-
ANTECEDENT CAUSES Morbid conditions, if any, giving 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.				

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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)	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 9-3-54, to 9-3-54, that I last saw the deceased alive on 9-3-54, and that death occurred at 4 P m., from the causes and on the date stated above.

23a. SIGNATURE <u>R. Bruno M.D.</u>	(Degree or title)	23b. ADDRESS <u>O'Fallon Mo</u>	23c. DATE SIGNED <u>Sept 21 1954</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Sep't 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Assumption</u>	24d. LOCATION (City, town, or county) (State) <u>O'Fallon Mo.</u>

DATE REC'D BY LOCAL REG. <u>Sept 23 1954</u>	REGISTRAR'S SIGNATURE <u>Franie Hamilton</u>	25. GENERAL DIRECTOR'S SIGNATURE <u>E. Kelly</u>	ADDRESS <u>O'Fallon Mo.</u>
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WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

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.....

E. K. Keithly

Signed.....

Student Embalmer

Baby not embalmed

Licensed Embalmer No. 822

P. O. Address O'Fallon 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.