

32673

STANDARD CERTIFICATE OF DEATH

FILED OCT 14 1954

State File No. 2375

BIRTH NO. REG. DIST. NO. 517 PRIMARY REG. DIST. NO. 500 Registrar's No. 2375

1. PLACE OF DEATH a. COUNTY St. Louis b. CITY OR TOWN Rural Meramec Twsp. 3 yrs. c. LENGTH OF STAY (in this place) 3 yrs. d. FULL NAME OF HOSPITAL OR INSTITUTION Hardt Rd. 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY St. Louis c. CITY OR TOWN Rural Meramec Twsp. d. Is Residence within limits of a city or incorporated town? Yes No

3. NAME OF DECEASED a. (First) Louisa b. (Middle) c. (Last) Hohmann 4. DATE OF DEATH (Month) (Day) (Year) Oct 8 1954

5. SEX Female 6. COLOR OR RACE white 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED married 8. DATE OF BIRTH May 14, 1877 9. AGE (In years last birthday) 77 IF UNDER 1 YEAR Months 4 IF UNDER 24 HRS. Days 6

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 10b. KIND OF BUSINESS OR INDUSTRY own home 11. BIRTHPLACE (City and State or Foreign Country) St. Louis Co., Mo. 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME August Wardenburg 13b. MOTHER'S MAIDEN NAME Amelia Bernard 14. NAME OF HUSBAND OR WIFE Henry Hohmann

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. no 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Henry Hohmann Rt 1, Glencoe, 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) Cardiac failure ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Valvular heart disease undet. DUE TO (c) Arteriosclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. INTERVAL BETWEEN ONSET AND DEATH 1 mo

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES NO X

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) 4500

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) 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 April 5, 1954, to Oct. 6, 1954, that I last saw the deceased alive on Oct. 6, 1954, and that death occurred at 1:45 A. M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) James E. Meyer MD 23b. ADDRESS Bellevue, Mo. 23c. DATE SIGNED Oct 8 1954

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 10-11-54 24c. NAME OF CEMETERY OR CREMATORY Laurel Hill Gardens 24d. LOCATION (City, town, or county) (State) Wellston, Mo.

DATE REC'D BY LOCAL REG. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR'S SIGNATURE ADDRESS Schrader Funeral Home Ballwin, Mo. (Licensed Embalmer's Placement on Reverse Side)

No. 300 10.48

4000

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 ....., Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Richard Bopp*.....

Licensed Embalmer No. *458*

P. O. Address *Ballwin,*

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.