

FILED SEP 29 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **30987**
Registrar's No. **8122**BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY _____		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS	c. LENGTH OF STAY (in this place) LIFE	c. CITY OR TOWN ST. LOUIS	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION 4825 A FARLIN-AV.		STREET ADDRESS (If rural, give location) 4825 A FARLIN-AV. 207th	

3. NAME OF DECEASED (Type or Print) a. (First) JOHN- b. (Middle) AUGUST- c. (Last) HOERLE			4. DATE OF DEATH (Month) (Day) (Year) SEPT. 14TH 1955		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED.	8. DATE OF BIRTH AUG. 22ND 1867	9. AGE (in years last birthday) 88 YRS.	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED-PAPER-RULER		10b. KIND OF BUSINESS OR INDUSTRY BARNARD-STATIONERY CO.	11. BIRTHPLACE (City and State or Foreign Country) ST. LOUIS - MO.		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME JOHN-HOERLE		13b. MOTHER'S MAIDEN NAME ANNETTE-WETSTEIN		14. NAME OF HUSBAND OR WIFE HELEN-HOERLE (DECD.)	
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. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS HAZEL-HOERLE-4825 A FARLIN-AV.	

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) Bilious Anuresis			INTERVAL BETWEEN ONSET AND DEATH 3 mo
		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. Old age 58.0			
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) (Min)		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 **3-21, 1949**, to **9-14, 1955**, that I last saw the deceased alive on **9-13, 1955**, and that death occurred at **3:30 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Wesley O. Sorla M.D.		23b. ADDRESS 2739 No. Grand		23c. DATE SIGNED 9-15-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE SEPT. 17TH 1955		24c. NAME OF CEMETERY OR CREMATORY CALVARY-CEMETERY	
		24d. LOCATION (City, town, or county) ST. LOUIS		(State) MO.	

DATE REC'D BY LOCAL REG. SEP 15 1955		REGISTRAR'S SIGNATURE J. C. Brockland		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 1827-HOGAN-ST.	
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(Licensed Embalmer's Statement on Reverse Side)

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 *W. Wilkins*.....

Licensed Embalmer No. *35*

P. O. Address *M. L.*

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.