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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

FILED APR 12 1956

State File No. **11908**
Registrar's No. **891**

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **500** Registrar's No. **891**

1. PLACE OF DEATH a. COUNTY St. Louis,		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri. b. COUNTY St. Louis,	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Creve Coeur, Missouri		c. LENGTH OF STAY (In this place) 45 yrs. c. CITY OR TOWN Creve Coeur, 4000	
d. FULL NAME OF HOSPITAL OR INSTITUTION Olive Street Road.		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> e. STREET ADDRESS (If rural, give location) Olive Street Road.	

3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM b. (Middle) ALEXANDER c. (Last) H. HOEVEL.			4. DATE OF DEATH (Month) (Day) (Year) March 31, 1956.		
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5. SEX Male. <input checked="" type="radio"/>	6. COLOR OR RACE White.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married.	8. DATE OF BIRTH Dec 27, 1881.	9. AGE (In years last birthday) 74.	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 1 MIN. Hours	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired.. Expeditor for Auto - Car Co.,	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <input type="radio"/> St. Louis, Missouri.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME August William Hoevel.	13b. MOTHER'S MAIDEN NAME Louise Schrader.	14. NAME OF HUSBAND OR WIFE Eleanor A. Hoevel.
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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) no.	16. SOCIAL SECURITY NO. 497-07-0303A	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs W. A. Hoevel, Creve Coeur, Missouri.
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: (a) Hepatic Coma ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Metastatic Carcinoma DUE TO (c) Carcinoma of Colon		INTERVAL BETWEEN ONSET AND DEATH 3 days 4 mo. 2 yrs.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION 1954	19b. MAJOR FINDINGS OF OPERATION Carcinoma of Colon	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) m.	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 Nov 5, 1955, to March 31, 1956, that I last saw the deceased alive on March 17, 1955, and that death occurred at 8 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <input checked="" type="checkbox"/> Burton G. Shatz, M.D.	23b. ADDRESS 4652 Maryland	23c. DATE SIGNED 3/31/56
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24a. BURIAL, CREMATION, REMOVAL	24b. DATE April 3/56.	24c. NAME OF CEMETERY OR CREMATORY Bellefontaine Cemetery,	24d. LOCATION (City, town, or county) (State) St. Louis, Missouri.
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DATE REC'D BY LOCAL REG. 3-2-56	REGISTRAR'S SIGNATURE Herbert R. Domb, MD	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C.R. Lupton & Sons, #7233 Delmar Blv; 'd.,
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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.....
Clarence H. White

Licensed Embalmer No. *401*

P. O. Address *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.