

FILED MAY 27 1957

STANDARD CERTIFICATE OF DEATH

18812

STATE FILE NUMBER

Health,
Welfare
Public
ServiceRegistration District No. **318** Primary Registration District No. **1003** Registrar's No. **4478**

| | | | | | | | |
|---|---|---|--|---|---|--|---|
| 1. PLACE OF DEATH a. COUNTY | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | c. CITY OR TOWN St. Louis | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1912 Mallinckrodt | | | Length of stay in 1b Lifetime | | d. STREET (If outside, give location) ADDRESS 1912 Mallinckrodt St. | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) BENJAMIN | | | | First HOELKER | | Last HOELKER | |
| 4. DATE OF DEATH May 9 1957 | | | | Month May Day 9 Year 1957 | | | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | | 8. DATE OF BIRTH April 13, 1880 | | 9. AGE (In years last birthday) 77 | IF UNDER 1 YEAR Months Days |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Foreman | 10b. KIND OF BUSINESS OR INDUSTRY City St. Louis S&S. | | 11. BIRTHPLACE (City and state or country) St. Louis, MO | | 12. CITIZEN OF WHAT COUNTRY? USA | | |
| 13. FATHER'S NAME Joseph Hoelker | | | | 14. MOTHER'S MAIDEN NAME Kate Bruening | | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or dates of service) Yes W.W. # 1 | | 16. SOCIAL SECURITY NO. 488-03-7370 | | 17. INFORMANT Address Mrs. Clara Hoelker 1912 Mallinckrodt St | | | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DISEASE WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial infarction Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Arteriosclerotic heart disease DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) | | | | | | INTERVAL BETWEEN ONSET AND DEATH sudden 11 years | |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 420.0 | | | | |
| 20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a. m. _____ p. m. _____ | | | | | | | |
| 20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> WORK AT WORK | | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION | | COUNTY | STATE |
| 21. I attended the deceased from 1954 to 1957 and last saw her ^{her} _{him} alive on April 6, 1957 Death occurred at 9 PM on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | | | |
| 22a. SIGNATURE (Degree or title) N. P. Knowlton M.D. | | | | 22b. ADDRESS 3720 Washington St. Louis Mo | | 22c. DATE SIGNED 5/10/57 | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) | | 23b. DATE | 23c. NAME OF CEMETERY OR CREMATORY | | 23d. LOCATION (City, town, or county) (State) | | |
| Removal | | May 13, 1957 | St. Johns Cemetery | | St. Louis County MO | | |
| 24. FUNERAL DIRECTOR ADDRESS SUEDMEYER & SON'S 3934 N. 20th Street | | | | 25. DATE RECD. BY LOCAL REG. MAY 10 '57 | | 26. REGISTRAR'S SIGNATURE J. Carl Smith M.D. | |

(Licensed Embalmer's Statement on Reverse Side)

300
1-56

All symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Gustav W. Dietrich*
Licensed Embalmer No. 4
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.