

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED DEC 9 - 1957

1003

42110

STATE FILE NUMBER
10589

Registration District No. **918** Primary Registration District No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN University City	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Lukes Hospital		d. STREET ADDRESS (If outside, give location) 7469 Stanford	
3. NAME OF DECEASED (Type or print) First Middle Last Bertha NMI Hohmann		4. DATE OF DEATH Month Day Year Nov. 9, 1957	
5. SEX F	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Dec. 11, 1867
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and state or country) Quincy, Ill
13a. FATHER'S NAME Frederick Schumacher		13b. MOTHER'S MAIDEN NAME Anna Heitkamp	14. NAME OF HUSBAND OR WIFE Louis C Hohmann
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No None		16. SOCIAL SECURITY NO. None	17. INFORMANT Address Mrs. Cecil G. Kane 7469 Stanford
18. CAUSE OF DEATH (Enter only one cause per Part I for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage due to Hypertension			INTERVAL BETWEEN ONSET AND DEATH 1 day
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c) Hypertensive Cardiovascular Disease			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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.) 443 x	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>		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 7 July 1957 to 9 Nov 1957 and last saw her alive on 8 Nov. 1957 . Death occurred at 127th and _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) C. N. Wagner M.D.		22b. ADDRESS University City, Mo	22c. DATE SIGNED 9 Nov 57
23a. BURIAL CREMATION, REMOVAL (Specify) Removal	23b. DATE Nov. 10, 1957	23c. NAME OF CEMETERY OR CREMATORY Forest Grove Cem.	23d. LOCATION (City, town, or county) (State) Canton, Mo.
24. FUNERAL DIRECTOR Alexander & Sons 6175 Delmar		25. DATE RECD. BY LOCAL REG. NOV 9 57	26. REGISTRAR'S SIGNATURE J. Carl Smith Insp

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

St. Louis
 University City
 7468 Stanton
 Nov. 9, 1927
 Johann
 Dec. 11, 1867
 89yrs
 USA
 Louis C. Johann
 Mrs. Cecil G. Kane
 7468 Stanton
 St. Louis
 St. Luke's Hospital
 Births
 *
 W
 Home
 Frederick Schumacher
 Anna Heikman
 Mrs. Cecil G. Kane
 St. Louis
 Home
 Frederick Schumacher
 Anna Heikman
 Mrs. Cecil G. Kane
 St. Louis
 Home

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. Dieterle*

Licensed Embalmer No. 4329
 P. O. Address St. Louis 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
 If this body is not embalmed, fact should be so stated above.