

ot. Health,
, & Welfare
S. Public
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v. 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

45923

STATE FILE NUMBER

FILED DEC 30 1957

318

1003

12085

Registration District No. Primary Registration District No. Registrar No.

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, 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 Alexian Bros Hosp.		Length of stay in lb 40 Yrs.	STREET ADDRESS 3317 Clara Ave		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Orville Middle J. Last Hoehn.			4. DATE OF DEATH Month DEC Day 15 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 Sept 26, 1899	9. AGE (In years last birthday) 58 IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS.: Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Margin Clerk.		10b. KIND OF BUSINESS OR INDUSTRY Brokerage Co.	11. BIRTHPLACE (City and state or country) Trenton Illinois		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Albert Hoehn			14. MOTHER'S MAIDEN NAME Angeline Leonhard.		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yrs. give war or dates of service) No.		16. SOCIAL SECURITY NO. 489-05-5148	17. INFORMANT Mrs. Virgil Hoehn 3317 Clara Ave		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of Generalized Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Carcinoma of Rectum - DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 154x					INTERVAL BETWEEN ONSET AND DEATH 1 1/2 yrs. 8 mos.
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.) 154x			
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a. m. _____ p. m. _____					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE 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 Aug 1953 to 12/15/57 and last saw him alive on 12/15/57 Death occurred at 10:00 P. m on the date stated above; and to the best of my knowledge, from the causes stated.					
22. SIGNATURE (Deuce or title) John J. Swartz			22b. ADDRESS 3720 Washington Blvd		22c. DATE SIGNED 12/16/57
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal Motor		23b. DATE 12/19/57	23c. NAME OF CEMETERY OR CREMATORY Catholic Cemetery.		23d. LOCATION (City, town, or county) (State) Trenton Illinois
24. FUNERAL DIRECTOR Calvin F. Feutz Funeral Home 4828 Natural Bridge Blvd. St. Louis Mo.		25. DATE RECD. BY LOCAL REG. DEC 16 57		26. REGISTRAR'S SIGNATURE J. Carl Smith Mo m JB	

(Licensed Embalmer's Statement on Reverse Side)

1 pm to 4 pm daily also used.

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 *Ralph C. Linder*

Licensed Embalmer No. 427

P. O. Address *St. Louis*

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.