

FILED JAN 7 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

46581
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 3103

300
1-56

1. PLACE OF DEATH a. COUNTY St. Louis County			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri. b. COUNTY St. Louis		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clayton.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Woodson Terrace Overland. 4070.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis County Hosp.			Length of stay in lb 3 1/2 hr.		d. STREET ADDRESS (If outside, give location) 9328 Tutwiler Ave.
3. NAME OF DECEASED (Type or print) ELEANOR M. HOEHN.			4. DATE OF DEATH DECEMBER 7, 1957		
5. SEX Female.	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH DEC. 9, 1928		9. AGE (In years last birthday) 29
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Work.			100. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (City and state or country) St. Louis: Missouri.
13. FATHER'S NAME Patrick Deehan			14. MOTHER'S MAIDEN NAME Louise Kramer.		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If no, or unknown) No. (If yes, give war or dates of service) None.		16. SOCIAL SECURITY NO. Unknown.		17. INFORMANT Address Miss: Rose Deehan Tutwiler Ave (21)	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Intracranial injury secondary to accidental fall Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____ 901.0					INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 21					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2
20a. ACCIDENT <input checked="" 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.) Lost her balance when standing on a stepladder on platform of basement stairway while painting walls		
20c. TIME OF INJURY 3:50 Hour 3:50 Month, Day, Year 12/7/57 p. m. X X X			20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) home		
20e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>			20f. CITY, TOWN, OR LOCATION Woodson Terrace 400 St. Louis Mo		
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at 4:20 P. m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURES (Degree or title) Raymond J. Havi Coroner			22b. ADDRESS Clayton, Mo.		22c. DATE SIGNED 12/11/57
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial.		23b. DATE Dec. 12, 1957	23c. NAME OF CEMETERY OR CREMATORY Frieden's Cemetery.		23d. LOCATION (City, town, or county) (State) St. Louis County Mo.
24. FUNERAL DIRECTOR Calvin F. Feutz Funeral Home 4828 Natural Bridge Blvd. St. Louis Mo.			25. DATE RECD. BY LOCAL REG. 12-9-57		26. REGISTRAR'S SIGNATURE Herbert K. Donike MD acc

(Licensed Embalmer's Statement on Reverse Side)

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. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

FEB 18 1958

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 *John A. Mena*

Licensed Embalmer No. *410*
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.