

XC 413 FILED FEB 28 1958 THE DIVISION OF HEALTH OF MISSOURI
CF: St. Louis, Mo. STANDARD CERTIFICATE OF DEATH

58-008373
State File No.

BIRTH NO. _____ REG. DIST. NO. 312 PRIMARY REG. DIST. NO. 500 Registrar's No. 293

1. PLACE OF DEATH
a. COUNTY ST. LOUIS
2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE MISSOURI b. COUNTY _____

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JEFFERSON BARRACKS, MO. c. LENGTH OF STAY (in this place) 1349
c. CITY OR TOWN ST. LOUIS d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSP. a. STREET ADDRESS (If rural, give location) 21870 4957 EICHELBERGER AVENUE

3. NAME OF DECEASED (Type or Print) a. (First) GEORGE b. (Middle) S. c. (Last) HOEHN 4. DATE OF DEATH (Month) (Day) (Year) 1-29-58

5. SEX MALE 6. COLOR OR RACE WHITE 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED 8. DATE OF BIRTH 4-8-97 9. AGE (In years last birthday) 60 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. MALE OCCUPATION (Give kind of work done during most of working life, even if retired) SALESMAN 10b. KIND OF BUSINESS OR INDUSTRY UNKNOWN 11. BIRTHPLACE (City and State or Foreign Country) D TIFTON, MISSOURI 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME GEORGE HOEHN 13b. MOTHER'S MAIDEN NAME VICTORIA MERSTETTER 14. NAME OF HUSBAND OR WIFE VIDA HOEHN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) YES WWI 16. SOCIAL SECURITY NO. 489019079 17. INFORMANT'S SIGNATURE OR NAME ADDRESS VA HOSPITAL RECORDS, JEFF. BKS, MO.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH 5 1/2 YEARS
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) MULTIPLESCLEROSIS FAR ADVANCED

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 345X

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? 2 YES NO

21a. ACCIDENT (Specify) SUICIDE HOMICIDE 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY VA m. 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-20-54, 19__, to 1-29-58, 19__, and that death occurred at 3:00P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) W. Westphalinger M.D. 23b. ADDRESS VAH, ST. LOUIS, MO. 23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 2/1/58 24c. NAME OF CEMETERY OR CREMATORY Oak Grove 24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo

DATE REC'D BY LOCAL REG. 1-31-58 REGISTRAR'S SIGNATURE Herbert A. Dumbley 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Edward Fendler 5611 South Grand Blvd.

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

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: *Hadley F. Koeller Jr*

Licensed Embalmer No. *4950*

P. O. Address

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.