Health, Welfare Public Service

. 300
1-57

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

FILED APR 28 1958

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-016918
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 1133

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Gardenville — Inside Limits Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 4854 Hanover — Length of stay in Ib YRS

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY St. Louis
c. CITY OR TOWN Gardenville 4820 — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) 4854 Hanover — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: Bernard Middle: Last: Hoerner

4. DATE OF DEATH Month: April Day: 24 Year: 1958

5. SEX male 0

6. COLOR OR RACE white

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ 2 DIVORCED ☐

8. DATE OF BIRTH Oct 18, 1871

9. AGE (In years last birthday) 86 — 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) R.R. retired

10b. KIND OF BUSINESS OR INDUSTRY Pullman Co.

11. BIRTHPLACE (City and state or country) St. Louis, Mo. 0

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME John Hoerner

13b. MOTHER'S MAIDEN NAME not known

14. NAME OF HUSBAND OR WIFE Henrietta (deceased)

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. UNK.

17. INFORMANT Louis Hoerner Address 4854 Hanover

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Persistent Hemorrhage from Bladder — INTERVAL BETWEEN ONSET AND DEATH: 5 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Inoperable Carcinoma of Prostate — 4 mo.
DUE TO (c) and Bladder — " "
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 1992.

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE 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 July 7/57, to April 24/58 and last saw him alive on Apr. 20/58
Death occurred at Apr. 24 1958 m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE J M Kinner M.D. (Degree or title) 0

22b. ADDRESS 2014 S. Jefferson

22c. DATE SIGNED Apr. 24/58

23a. BURIAL, CREMATION, REMOVAL (Specify) burial

23b. DATE 4/26/1958

23c. NAME OF CEMETERY OR CREMATORY New St. Marcus Cem.

23d. LOCATION (City, town, or county) St. Louis Co., Mo. (State)

24. FUNERAL DIRECTOR J L Ziegenhein & Sons ADDRESS 7027 Gravois

25. DATE RECD. BY LOCAL REG. 4-24-58

26. REGISTRAR'S SIGNATURE Herbert R. Danke M.D.

(Licensed Embalmer's Statement on Reverse Side)

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 G. P. Kidwell

Licensed Embalmer No. 3877

P. O. Address 7027 Grand

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.