

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-019365

STATE FILE NUMBER

FILED JUN 9 1958 Registration District No. 310 Primary Registration District No. 3058 Registrar's No. 142

1. PLACE OF DEATH a. COUNTY Saint Charles		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Charles	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Saint Charles		c. CITY OR TOWN Saint Charles	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 512 Madison		d. STREET ADDRESS (If outside, give location) 512 Madison	
Length of stay in hospital 15 years		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print)	First Elmer	Middle F.	Last Hoecker	4. DATE OF DEATH	Month June	Day 4	Year 1958
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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 May 5, 1898	9. AGE (In years last birthday) 60	IF UNDER 1 YEAR Months 0 Days 29	IF UNDER 24 HRS. Hours 0 Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) superintendent	10b. KIND OF BUSINESS OR INDUSTRY Fischbach Brewery	11. BIRTHPLACE (City and state or country) St. Paul, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13. FATHER'S NAME Henry Hoecker	14. MOTHER'S MAIDEN NAME Josephine Poiklas
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 493-05-4722	17. INFORMANT Mrs. E. F. Hoecker, St. Charles, Mo.	Address
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18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Metastatic adenocarcinoma of the liver		INTERVAL BETWEEN ONSET AND DEATH 1 1/2 yrs.
DUE TO (b) Primary site undetermined		
DUE TO (c) _____		1562
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.)	
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 **2-11-57** to **6-4-58** and last saw her alive on **5-31-58**
Death occurred at **9:50 A.M.** m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Paul H. Rother M.D.	22b. ADDRESS 114 N. Main St., St. Chas. Mo.	22c. DATE SIGNED 6-4-58
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE June 7, 1958	23c. NAME OF CEMETERY OR CREMATORY St. Peter's Cemetery	23d. LOCATION (City, town, or county) (State) Saint Charles, Mo.
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24. FUNERAL DIRECTOR D. C. Dellmeyer's Sons, St. Charles Mo.	ADDRESS	25. DATE RECD. BY LOCAL REG. June 5, 1958	26. REGISTRAR'S SIGNATURE Thomas C. Dundon
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(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare Service

300 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

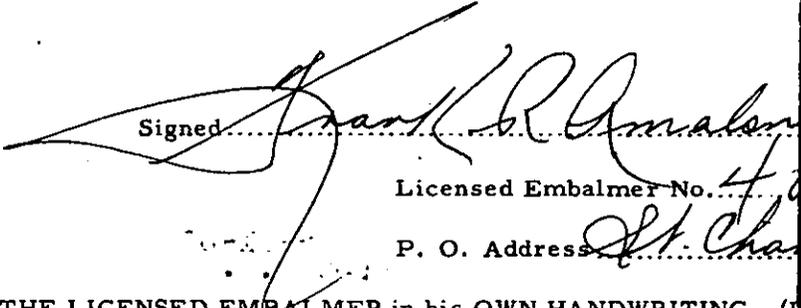
MEDICAL CERTIFICATION

540

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 

Licensed Embalmer No. 4

P. O. Address St. Charles

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.