

FILED JUN 19 1959
KC#20035620
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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-023005
STATE FILE NUMBER
2 5076

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

S. 300
1-57
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3K

1. PLACE OF DEATH a. 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 915 N GRAND, ST LOUIS, MO.		c. CITY OR TOWN KIRKWOOD 4723	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VET ADM. HOSPITAL		d. STREET ADDRESS (If outside, give location) 16 LEMP ROAD	
Length of stay in lb 42 DAYS		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED First Middle Last PAUL F. HOIERMAN			4. DATE OF DEATH Month Day Year MAY 25 1959
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 3-29-98
9. AGE (In years last birthday) 61		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SALESMAN		10b. KIND OF BUSINESS OR INDUSTRY -	11. BIRTHPLACE (City and state or country) BLOOMINGTON, ILLINOIS
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME PETER F. HOIERMAN	
13b. MOTHER'S MAIDEN NAME MINNIE BALKE		14. NAME OF HUSBAND OR WIFE CHARLOTTE S. HOIERMAN	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service) YES WW-1		16. SOCIAL SECURITY NO. 339-05-0340	17. INFORMANT Address VA HOSP. RECORDS, ST. LOUIS, MO.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) SEPTCEMIA			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) PULMONARY ABSCESS			3 DAYS
DUE TO (c) LEUKEMIA			5 YEARS
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 checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 <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 4/13/59 to 5/25/59 and last saw him alive on 5/25/59 Death occurred at 6:30 PM on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATOR J. ROBERTSON (Degree or title) M.D.		22b. ADDRESS VAH, ST LOUIS, MISSOURI	
22c. DATE SIGNED 5/25/59			
23a. BURIAL CREMATION, REMOVAL (Specify) CREMATION	23b. DATE 5-27-1959	23c. NAME OF CEMETERY OR CREMATORY OAK GROVE CREMATORY	23d. LOCATION (City, town, or county) (State) St. Louis Co. Missouri.
24. FUNERAL DIRECTOR ADDRESS C. R. LUPTON & SONS 7233 DELMAR Blvd.		25. DATE RECD. BY LOCAL REG. MAY 26 '59	26. REGISTRAR'S SIGNATURE Earl Smith, M.D.

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
MEDICAL CERTIFICATION

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 *Arnold W. Schoene*

Licensed Embalmer No. *3864*
P. O. Address *St. Louis, Mo*

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.