

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-044725

FILED *VS* NOV 28 1960

Registration District No. *317* Primary Registration District No. *500* Registrar's No. *3241*

STATE FILE NUMBER

ENDED

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Ellisville		Length of stay in 1b 7 yrs.	c. CITY OR TOWN Sappington
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Sunset Sanitarium		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) R.R. #6
3. NAME OF DECEASED (Type or print) First Middle Last Josephine Hoecker			4. DATE OF DEATH Month Day Year Nov. 8, 1960
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 10-17-1875
9. AGE (last birthday) 85		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own home	11. BIRTHPLACE (City and state or country) Jonesburg, Mo.
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME John Lantow	
13b. MOTHER'S MAIDEN NAME Katherine Buche		14. NAME OF HUSBAND OR WIFE Wm.H.Hoecker, decd.	
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. none	17. INFORMANT Address R.R.#6 Mrs.Ray Maurer, Sappington, 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) Atypical Virus Pneumonia			INTERVAL BETWEEN ONSET AND DEATH 3 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Generalized + Cerebral Arteriosclerosis & arteriosclerosis of heart & brain			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 1 day, 1960 to 11/8/60 and last saw her alive on 11/8/60 . Death occurred at 1:30 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE J.H. Jamett, M.D. (Degree or title)		22b. ADDRESS 1014 1/2 Regent Street Kirkwood, LL MO.	22c. DATE SIGNED 11/8/60
23a. BURIAL, CREMATION, or DISPOSAL (Specify)	23b. DATE 11-10-60	23c. NAME OF CEMETERY OR CREMATORY City Cemetery	23d. LOCATION (City, town, or county) (State) Warrenton, Mo.
24. FUNERAL DIRECTOR F.W.Nieburg & Co., Warrenton, Mo. ADDRESS		25. DATE RECD. BY LOCAL REG. 11-8-60	26. REGISTRAR'S SIGNATURE Jane M. Murphy, M.D.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 J. Meiburg

Licensed Embalmer No. 3897

P. O. Address Warrenton,

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.