

S DEC 21 1960

-60-047569

STATE FILE NUMBER

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **12012**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis</b>		Length of stay in 1b <b>8 days</b>	c. CITY OR TOWN <b>New Haven</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Deaconess Hospital</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>Franklin</b>

3. NAME OF DECEASED (Type or print)	First <b>Dina</b>	Middle <b>Juliane</b>	Last <b>Hoemann</b>	4. DATE OF DEATH	Month <b>December</b>	Day <b>11</b>	Year <b>1960</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>6/16/1889</b>	9. AGE (last birthday) <b>71</b>	IF UNDER 1 Year Months Days	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>At Home</b>	11. BIRTHPLACE (City and state or country) <b>Beemont, Mo.</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.</b>
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13a. FATHER'S NAME <b>Louis Panhorst</b>	13b. MOTHER'S MAIDEN NAME <b>Louise Holtgerewe</b>	14. NAME OF HUSBAND OR WIFE <b>Henry L. Hoemann</b>
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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) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT <b>Henry L. Hoemann, New Haven, Mo.</b>
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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:		INTERVAL BETWEEN ONSET AND DEATH <b>?</b>
IMMEDIATE CAUSE (a) <b>Carcinoma head of pancreas</b>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>157x</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)		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 checked="" 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.)
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20c. TIME OF INJURY Month, Day, Year <b>12-3-60</b>	Hour a.m. p.m.
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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 <b>New Haven, Mo.</b>	COUNTY <b>Franklin</b>	STATE <b>Mo.</b>
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21. I attended the deceased from **12-3-60** to **12-11-60** and last saw her/him alive on **12-11-60**  
Death occurred at **11:45 pm** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>C. E. Mueller</i>	(Degree or title) <b>M.D.</b>	22b. ADDRESS <b>634 N. Grand Blvd.</b>	22c. DATE SIGNED <b>12/13/60</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>12-15-60</b>	23c. NAME OF CEMETERY OR CREMATORY <b>St. Peters E. &amp; R. Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>New Haven, Mo.</b>
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24. FUNERAL DIRECTOR <b>Fertig Funeral Home, New Haven, Mo.</b>	ADDRESS	25. DATE RECD. BY LOCAL REG. <b>DEC 14 1960</b>	26. REGISTRAR'S SIGNATURE <i>Carl Smith, M.D.</i>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JAN 10 1961

JAN 24 1961

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_ or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_ working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Stanley F. Lips

Licensed Embalmer No. 419

P. O. Address H. Low

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do so 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.