SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-007144
STATE FILE NUMBER

AMENDED ✓ Registration District No. 317 Primary Registration District No. 500 Registrar's No. 500

FILED VS MAR 7 1961

DATE AMENDED 7/2

INSTEAD OF

SHOULD READ

ITEM NO.

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY: St. Louis County
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Koch, Mo — Length of stay in 1b: 87 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Robert Koch Hospital — Inside Limits: Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY:
c. CITY OR TOWN: St. Louis — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 3626a So. Broadway — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Charles — Middle: T. — Last: Hoevelmann

4. DATE OF DEATH: Month 2 - Day 18 - Year 61

5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 5-19-74
9. AGE (last birthday): 86 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): City Park
10b. KIND OF BUSINESS OR INDUSTRY: City of St. Louis
11. BIRTHPLACE (City and state or country): St. Louis, Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Theodore Hoevelmann
13b. MOTHER'S MAIDEN NAME: Mary Otten
14. NAME OF HUSBAND OR WIFE: Emma

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of servic: ---
16. SOCIAL SECURITY NO.:
17. INFORMANT: Records at Koch Hospital — Address:

MEDICAL CERTIFICATION

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
IMMEDIATE CAUSE (a)	Chronic Obstructive Emphysema	??
DUE TO (b)	Generalized Arteriosclerosis	??
DUE TO (c)	Arteriosclerotic Heart Disease	??

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal [illegible] given in PART I (a): Bilateral Orchiectomy; Carcinoma of Prostate; Cerebral Arteriosclerosis

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

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 11-23-60, to 1-18-61 and last saw him alive on 1-17-61
Death occurred at 1:15 A.M. 1-18-61 m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Harold Russell (Degree or title) M.D.
22b. ADDRESS: Koch Hospital, Koch, Mo
22c. DATE SIGNED: 2/18/61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 2/21/61
23c. NAME OF CEMETERY OR CREMATORY: S.S.Peter & Paul Ceme.
23d. LOCATION (City, town, or county): St.Louis, (State): Missouri

24. FUNERAL DIRECTOR — ADDRESS: WACKER-HELDERLE UND. & LIV. CO.
25. DATE RECD. BY LOCAL REG.: 2-20-61
26. REGISTRAR'S SIGNATURE: John C. Murphy 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 Felix J. Krupin

Licensed Embalmer No. 3497

P. O. Address St. Louis

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.