MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

MAR 28 1961

-61-010986

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2432

AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

| ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED | BY AFFIDAVIT OF DOCUMENT |
|---|---|---|---|---|
| | | | | |

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: ST. LOUIS — Length of stay in 1b
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 3615 FLORA — Inside Limits: Yes [X] 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 [X] No [ ]
d. STREET ADDRESS (If outside, give location): 3615 FLORA — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First FREDERICK — Middle (N.M.I.) — Last HOENER

4. DATE OF DEATH: Month MARCH — Day 11, — Year 1961

5. SEX: MALE
6. COLOR OR RACE: CAUCASIAN
7. Married [X] Never Married [ ] Widowed [ ] Divorced [ ]
8. DATE OF BIRTH: 3/7/1880
9. AGE (last birthday): 81 — 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): SEC'Y, LACLEDE BRASS CO.
10b. KIND OF BUSINESS OR INDUSTRY: BRASS WORKS
11. BIRTHPLACE (City and state or country): ST. LOUIS, MISSOURI
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: FREDERICK HOENER
13b. MOTHER'S MAIDEN NAME: MARY ERNST
14. NAME OF HUSBAND OR WIFE: ELLA HOENER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: ye
17. INFORMANT: MRS. ELLA HOENER — Address: SEE #2

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 1 hr
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Arteriosclerotic Heart disease — 1-2 year
DUE TO (c): 420.0H

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Ca of Sigmoid with multiple metastasis the inguinal lymphglands

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

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]
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 Jan. 3rd 61, to March 11th 61 and last saw her/him alive on March 11th
Death occurred at 2:30 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Ernest Younger, M.D.
22b. ADDRESS: 3624 Russell
22c. DATE SIGNED: 3-13-61

23a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
23b. DATE: 3/15/1961
23c. NAME OF CEMETERY OR CREMATORY: OUR REDEEMER CEMETERY
23d. LOCATION (City, town, or county) (State): ST. LOUIS COUNTY, MISSOURI

24. FUNERAL DIRECTOR — ADDRESS: HOFFMIESTER COLONIAL MORTUARY, 6464 CHIPPEWA STREET, ST. LOUIS, MISSOURI
25. DATE RECD. BY LOCAL REG.: MAR 13 1961
26. REGISTRAR'S SIGNATURE: Carl Smith, M.D.

**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_____ Signed John L Dennehy

Signature of Student Embalmer

Licensed Embalmer No. 4194

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.