MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-030802
STATE FILE NUMBER

AMENDED

FILED AUG 31 1961

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7847

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis — Length of stay in 1b: 68yrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: DePaul 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): 4944 Claxton — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Fred — Middle: — Last: Hohlt
4. DATE OF DEATH: Month: August — Day: 22 — Year: 1961
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 3/30/86
9. AGE (last birthday): 75yrs.
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): Bartender
10b. KIND OF BUSINESS OR INDUSTRY: Tavern
11. BIRTHPLACE (City and state or country): Venidy Illinois
12. CITIZEN OF WHAT COUNTRY: U.S.
13a. FATHER'S NAME: Henry Hohlt
13b. MOTHER'S MAIDEN NAME: Dora Huelshorst
14. NAME OF HUSBAND OR WIFE: Esther Stone Hohlt
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
17. INFORMANT: Harry Lindhorst — Address: 5610 St. Louis Mo

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): Adeno Carcinoma of Parotid gland — INTERVAL BETWEEN ONSET AND DEATH: 2yrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Pulmonary Metastasis — 6 mo.
DUE TO (c): 142.0
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Senility & Malnutrition
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 8/1/61, to 8/22/61 and last saw ~~her~~ him alive on 8/22/61
Death occurred at 2 A.m on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE: Glenn F. Stephens (Degree or title) M.D.
22b. ADDRESS: 634 N. Grand Ave
22c. DATE SIGNED: 8/22/61
23a. BURIAL, CREMATION, REMOVAL (Specify): burial
23b. DATE: Aug. 24. 1961
23c. NAME OF CEMETERY OR CREMATORY: Zion Cemetery
23d. LOCATION (City, town, or county) (State): Pagedale Missouri
24. FUNERAL DIRECTOR: Morrell — ADDRESS: 3710 N. Grand Blvd.
25. DATE RECD. BY LOCAL REG.: AUG 23 1961
26. REGISTRAR'S SIGNATURE: Noel Smith M.D.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED

7 | 2

BY AFFIDAVIT OF DOCUMENT

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 Loron E. Percy

Licensed Embalmer No. 4094

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.