

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-034454  
STATE FILE NUMBER

318 Primary Registration District No. 1003

Registrar's No. 8952

Registration District No. 318  
FILED OCT 13 1961

AMENDED

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

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 ST LOUIS				Length of stay in lb 1 DAY		c. CITY OR TOWN LEMAV	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST ANTHONY HOSPITAL				Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 221 LEMAY FERRY RD	
3. NAME OF DECEASED (Type or print) First Middle Last JOHN P. HOHMAN				4. DATE OF DEATH Month Day Year SEPT-26-1961			
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 6-30-1901	9. AGE (last birthday) 60	IF UNDER 1 YEAR Months Days Hours Min. 2 27	IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SELF EMPLOYED			10b. KIND OF BUSINESS OR INDUSTRY BOWLING ALLEY		11. BIRTHPLACE (City and state or country) ST LOUIS		12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME JOHN HOHMAN			13b. MOTHER'S MAIDEN NAME MARY KOHR		14. NAME OF HUSBAND OR WIFE ERMA HOHMAN		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No NIL				17. INFORMANT Address ERMA HOHMAN 221 LEMAY FERRY RD LEMAV 25 MO			
18. CAUSE OF DEATH (Enter only one cause per line for (.....) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Chronic heart failure with pulmonary edema 2 days</i> DUE TO (b) <i>metastatic carcinoma of pelvis, lungs, and abdominal viscera 1 yr.</i> DUE TO (c) <i>Primary carcinoma of prostate 2 yrs.</i>							INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Diabetes mellitus 177x</i>							PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input 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.)			
20c. TIME OF INJURY Hour a.m. p.m.		Month, Day, Year					
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 <i>Mar. 21-'60</i> to <i>Sept. 26-'61</i> and last saw him alive on <i>Sept. 26-'61</i> Death occurred at <i>9:00 PM</i> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (If agree or title) <i>George A. O'Sullivan, M.D.</i>				22b. ADDRESS <i>7629 Ivory Ave</i>			22c. DATE SIGNED <i>9-27-61</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>REMOVAL</i>	23b. DATE <i>SEPT-29-1961</i>	23c. NAME OF CEMETERY OR CREMATORY <i>NEW ST JOHNS CEM.</i>		23d. LOCATION (City, town, or county) <i>MEHLVILLE MO</i>		(State)	
24. FUNERAL DIRECTOR <i>FEY FUNERAL HOME, MENLVILLE</i>				25. DATE RECD. BY LOCAL REG. <i>MO SEP 27 1961</i>		26. REGISTRAR'S SIGNATURE <i>Loan Smith, M.D.</i>	

**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 Gustav W. Dietrich  
Licensed Embalmer No. 4329

P. O. Address St. Louis 9

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.