

MOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-042514
STATE FILE NUMBER

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11211

FILED DEC 12 1961

a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis</u>		a. STATE <u>Mo.</u>	b. COUNTY <u>St. Louis</u>
Length of stay in lb <u>10 days</u>		c. CITY OR TOWN <u>Rock Hill 19,</u>	Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Deaconess Hosp.</u>		d. STREET ADDRESS (If outside, give location) <u>9751 Hudson</u>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH		
First <u>George</u>	Middle <u>W.</u>	Last <u>Hoehne</u>	Month <u>11</u>	Day <u>30</u>	Year <u>61</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>10/2/1896</u>	9. AGE (last birthday) <u>65</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Tavern & Service Sta.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Self-employed</u>	11. BIRTHPLACE (City and state or country) <u>St. Louis, Co., Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>John Hoehne</u>		13b. MOTHER'S MAIDEN NAME <u>Rosa Mertz</u>		14. NAME OF HUSBAND OR WIFE <u>Alice Hoehne</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO.		17. INFORMANT <u>Alice Hoehne,</u> Address <u>9751 Hudson, Rock Hill, Mo.</u>	

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) <u>Myocardial infarction</u>		<u>10 minutes</u>
DUE TO (b) <u>Coronary arteriosclerotic heart disease</u>		
DUE TO (c) <u>Arteriosclerotic heart disease with hypertension</u>		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>4201</u>		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
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 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
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21. I attended the deceased from Oct. 1960 to 11-30-61 and last saw her/him alive on 11-30-61
Death occurred at 10:50 a. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>C. E. Muller</u> (Degree or title) <u>M.D.</u>	22b. ADDRESS <u>634 N. Grand Blvd.</u>	22c. DATE SIGNED <u>12-2-61</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>12/3/61</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Gumbo Cemetery,</u>	23d. LOCATION (City, town, or county) (State) <u>Gumbo, Mo.</u>
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24. FUNERAL DIRECTOR <u>Schrader Funeral Home, Ballwin, Mo.</u> ADDRESS	25. DATE RECD. BY LOCAL REG. <u>DEC 2 1961</u>	26. REGISTRAR'S SIGNATURE <u>Carl Smith, M.D.</u>
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DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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

Richard M. Popp

Licensed Embalmer No. 4584

P. O. Address Bellwin, Va

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.