

OV 22 1938

REC'D DEC 8 1938

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

40336  
Do not use this space.

1. PLACE OF DEATH

(a) County St Louis 2 Registration District No. 784  
 (b) Township Jefferson 1 Primary Registration District No. 109  
 (c) City Maplewood (d) Street No. 3222 Walter St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred 29 yrs. — mos. — ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Anna Hoehringer  
 (a) Residence, No. 3222 Walter St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 27 - 1864

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
74 8 25

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. at Home

9. Industry or business in which work was done, as saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis Co Missouri

13. NAME Jacob Hoehringer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Baden Germany

15. MAIDEN NAME Anna Eppler

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wittenberg Germany

17. INFORMANT (ADDRESS) Mrs W. E. Kuehle 3222 Walter Ave Maplewood

18. BURIAL, CREMATION, OR REMOVAL PLACE Des Peres Resbyterian Ch DATE Nov 23, 1938

19. FUNERAL DIRECTOR (ADDRESS) Parker and Co Webster Groves Mo

20. FILED NOV 22 1938 J R Meyer M.D. R.P.H. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-21 1938

22. I HEREBY CERTIFY, That I attended deceased from June 3rd 1938, to Nov 21 1938  
 I last saw her alive on Nov 21, 1938. Death is said to have occurred on the date stated above, at 9:10 A m.  
 The principal cause of death and related causes of importance were as follows:  
Carcinoma of Liver and Hepatic flexure of large intestine

Date of onset unknown

Other contributory causes of importance: none

Name of operation none Date of —  
 What test confirmed diagnosis? autopsy Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? — Date of injury —, 19—  
 Where did injury occur? — (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury —  
 Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify —  
 (Signed) J N. Gilbert, M. D.  
 (Address) 4103 Easton St Louis

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

*Cerin B Lang*

Licensed Embalmer No. *1581*

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

L. E.

No.....or by.....  
working under my personal supervision.

Signed *Cerin B Lang*

Licensed Embalmer No. *1581*

**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.)**