

S. No. 2  
M-1-4-41  
v. 5-17-39  
X26390

36825

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

DEC 22 1941 791

1003

Registration District No. 791

Primary Registration District No. \_\_\_\_\_

Registrar's No. 9055

1. PLACE OF DEATH:

(a) County \_\_\_\_\_

(b) City or town St. Louis, Mo.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
Lutheran Hosp.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 days  
(Specify whether \_\_\_\_\_)

In this community Life.  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_

(c) City or town St. Louis, Mo.  
(If outside city or town limits, write "RURAL")

(d) Street No. 2122 Stansbury  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME John Hoerner

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. 488-10-0436

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 12th  
year 1941 hour 7:15 minute P. M.

21. I hereby certify that I attended the deceased from Nov. 7  
1941, to Nov. 12, 1941  
that I last saw him alive on Nov. 12 1941  
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced, Married

6. (b) Name of husband or wife Stella

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased Feb. 23rd, 1876  
(Month) (Day) (Year)

Immediate cause of death \_\_\_\_\_

Chronic pulmonary edema.

Due to Ruptured gastric ulcer  
to peritonitis

Due to \_\_\_\_\_

Other conditions 1170  
(Include pregnancy within 3 months of death)

Duration 12 hours

5 days

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

8. AGE: Years Months Days If less than one day

65 8 21 hr. min.

9. Birthplace St. Louis, Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Chauffeur

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name John Hoerner

{ 13. Birthplace St. Louis, Mo.  
(City, town, or county) (State or foreign country)

{ 14. Maiden name Elizabeth Schardin

{ 15. Birthplace St. Louis, Mo.  
(City, town, or county) (State or foreign country)

Major findings: Ruptured ulcer - pre-pyloric - greater curvature

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

16. (a) Informant Stella Hoerner

(b) Address 2122 Stansbury

17. (a) Burial (b) Date thereof 11/15/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director John L. Ziegenheim or Son

(b) Address 7027 Gravois Ave.

19. (a) NOV 15 1941 (Date received local registrar)

J. J. Bredsch (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
\_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature Victor H. Meyer (M. D. or other) MD

Address 3805 So. Broadway Date signed 11/14/41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

**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.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed..... *C. P. Kidwell*.....  
Licensed Embalmer No..... *3877*.....  
P. O. Address..... *7027 Graves*.....

**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 this body is not embalmed, fact should be so stated above.**