JAN 14 1935

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

Do not use this space.

44952

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City ST. LOUIS (No. CENTRAL HOSP., 4518 Washington St. ..... Ward)

File No. 12101

Registered No. .....

2. FULL NAME CORA HOYOUT

(a) Residence, No. 7426 Maple Ave. St., NR Ward. Maplewood, Mo.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Frank B. Hoyout

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 25, 1870

7. AGE

Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
64	5	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

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

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

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bellevue, Ohio

FATHER

13. NAME Jacob Shadle

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pennsylvania

MOTHER

15. MAIDEN NAME Margaret ~~Krause~~ Shack

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pennsylvania

17. INFORMANT Mr. Frank B Hoyout
(ADDRESS) 7426 Maple

18. BURIAL, CREMATION, OR REMOVAL
PLACE Oak Hill Cemetery DATE 12/22 1934

19. UNDERTAKER Graham Und. Co. Inc.
(ADDRESS) 7146 Manchester Ave.

20. FILED DEC 22 1934 19 J. J. Breheck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 20, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 16, 1934, to Dec 20, 1934

I last saw he alive on Dec 20, 1934. Death is said to have occurred on the date stated above, at 7 30 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Liver (Undefinite)	
4 days	

Other contributory causes of importance:

Name of operation Exploratory Abdominal Date of Dec 1934

What test confirmed diagnosis? Clinical Was there an autopsy? No

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) John D Hoyout, M. D.

(Address) Metropolitan Bldg

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.