REC'D JUL 12 1939

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

Do not use this space. 20518

791 1008 5362

1. PLACE OF DEATH

(a) County ..... Registration District No. 791

(b) Township ..... Primary Registration District No. ..... 1008 Registered No. 5362

(c) or City St. Louis, Mo (d) Street No. ..... City Sanitarium 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 39 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Frank Hoey

(a) Residence, No. 3927 Michigan Ave. St. 24
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Tillie Hoey

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb. 2, 1864

7. AGE: YEARS 75 | MONTHS 4 | DAYS 12 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Sheet metal worker
9. Industry or business in which work was done, as saw mill, bank, etc.: Tinner
10. Date deceased last worked at this occupation (month and year): 1931
11. Total time (years) spent in this occupation: 1

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Salinesville Ohio 5

FATHER
13. NAME: John Hoey 5
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Ireland

MOTHER
15. MAIDEN NAME: Sarah Foster
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Ireland

17. INFORMANT (ADDRESS): A.A. Cook, M.D. 5400 Arsenal St

18. BURIAL, CREMATION, OR REMOVAL
PLACE NEW ST. MARCUS DATE JUNE 17 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS): Wm. SCHUMACHER 3013 MERAMEC ST.

20. FILED JUN 16 1939 19 J. D. Budeck Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 6-14-39, 19

22. I HEREBY CERTIFY, That I attended deceased from 7-1-38, 19, to 6-14-39, 19

I last saw him alive on 6-14-39, 19 Death is said to have occurred on the date stated above, at 1:30 P.M.

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

	Date of onset
Carcinoma of Stomach	5-24-39x
Other contributory causes of importance: Metastatic Carcinoma of Liver	5-24-38x
Senility	7-1-38x

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... 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? .....
If so, specify .....
(Signed) Arnold A. Cook, M. D.
(Address) 5400 Arsenal St

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

50M-9-19 I X16605

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 Clarence Kochow, Registered Apprentice No. ....., working under my personal supervision.

Signed Clarence Kochow

Licensed Embalmer No. 3093

P. O. Address 3013 Miramar

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, above space should be left blank.