

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County _____

(b) City or town St. Louis

(c) Name of hospital or institution: St. Lukes Hospital

(d) Length of stay: In hospital or institution 3 hours

In this community _____ years, months or days

3. (a) PRINT FULL NAME Martha Harriet Hoke

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex female

5. Color or race white

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased March 23 1861

8. AGE: Years 78 Months 2 Days 29 If less than one day _____ hr. _____ min.

9. Birthplace St. Louis, Mo.

10. Usual occupation artist

11. Industry or business _____

12. Name Joseph W. Hoke

13. Birthplace McCollinsburg, Pennsylvania

14. Maiden name SARAH ELIZABETH STARR

15. Birthplace CARROLLTON, Ill.

16. (a) Informant's own signature _____

(b) Address 37 Almeda Pl. Ferguson, Mo.

17. (a) Burial (b) Date thereof 6 23 39

(c) Place: burial or cremation Bellefontaine Cem

18. (a) Signature of funeral director A. E. Anderson & Sons

(b) Address 6175 Delmar

19. (a) JUN 22 1939 (b) J. B. Brudner

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town 37 Almeda Place

(d) Street No. Ferguson, Mo.

(e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 22 year 1939 hour 4 minute 55 A.M.

21. I hereby certify that I attended the deceased from midnight 1:15 June 22, 1939 to 4:25 AM June 22, 1939 that I last saw her alive on June 22, 1939 and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis - arteriosclerotic Myocardial insufficiency Broncho-pneumonia Duration 24 hr

Due to _____

Due to _____

Other conditions _____

Major findings: _____

Of autopsy Myocarditis & insufficiency Broncho pneumonia

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? _____

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

While at work? _____ (Specify type of place)

(a) Means of injury _____

23. Signature Geo. W. Stuer (M. D. or other) _____

Address St. Lukes Hosp. Date signed 6-22-39

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

1 x181

L
G. R. Deane

Oct 4 1924

No. 1 in Body.

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 J. W. Benkley
Licensed Embalmer No. 3633
P. O. Address St. Louis, Mo

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.