

REG'D AUG 17 1939
791
Registration District No. _____

Primary Registration District No. _____

1. PLACE OF DEATH: **1003**

(a) County _____
 (b) City or town St. Louis,
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
5295 Waterman Ave., **2**
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)
 In this community 45 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
 (c) City or town St. Louis, **12**
(If outside city or town limits, write "RURAL")
 (d) Street No. 5295 Waterman Ave.,
(If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME James Harvey Hoskins, **252**

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Sallie C. Hoskins, 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased December 21, 1859
(Month) (Day) (Year)

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

<u>79</u>	<u>6</u>	<u>14</u>	hr. _____ min.
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9. Birthplace Auburn, N. Y.
(City, town, or county) (State or foreign country)

10. Usual occupation Pres. Al-Fresco Adv. Co.

11. Industry or business Advertising.

MOTHER FATHER { 12. Name James H. Hoskins,

13. Birthplace New York.
(City, town, or county) (State or foreign country)

14. Maiden name Esther Stoner,

15. Birthplace New York.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Arthur C. Hoskins

(b) Address 5295 Waterman Ave.

17. (a) burial (b) Date thereof 7/17/39
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cem.

18. (a) Signature of funeral director Wagoner Und. Co.

(b) Address 3621 Olive St.

19. (a) JUL 17 1939 (b) J. F. Beck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 15
year 1939 hour 3 minute P. M.

21. I hereby certify that I attended the deceased from Aug 1, 1937, to July 15, 1939;
that I last saw him alive on July 14, 1939;
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Uremia caused by arteriosclerosis **3 days**

Due to sclerotic kidneys

General arteriosclerosis **?**

Due to _____

Other conditions (include pregnancy within 8 months of death) **131**

PHYSICIAN _____

Major findings: _____

Of operations _____

Of autopsy _____

Underline the cause to which death should be charged statistically.

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 Albert E. Tausig (M. D. or other) **M.D.**
Address 4500 Olive St. St. Louis Date signed 7/16/39

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.

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

Herwin L. Kempke

Licensed Embalmer No.

4052

P. O. Address

3621 Olive

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.