

Registration District No. 791

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

Registrar's No. 9017

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:  
2009 Desoto  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
 (Specify whether \_\_\_\_\_)  
 In this community 33 Years  
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County 1  
 (c) City or town St. Louis 9  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 2009 Desoto  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A.? 55 years.

3. (a) PRINT FULL NAME Julius W. Hoyer 60  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 489 12 1421

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month Oct day 21  
 year 1939 hour 4 minute 50 P M.  
 21. I hereby certify that I attended the deceased from Sept 29  
1939, to Oct 21, 1939  
 that I last saw him alive on Oct 21, 1939  
 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  
 (b) Name of husband or wife Katherine Gallagher Hoyer 6. (c) Age of husband or wife if alive 69 years  
 7. Birth date of deceased January 10, 1869  
 (Month) (Day) (Year)

Immediate cause of death Carcinoma of Transverse Colon Duration \_\_\_\_\_

8. AGE:	Years	Months	Days	If less than one day
	<u>70</u>	<u>9</u>	<u>11</u>	hr. _____ min. _____

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

9. Birthplace \_\_\_\_\_ Denmark  
 (City, town, or county) (State or foreign country)

10. Usual occupation Watchman

Other conditions (Include pregnancy within \_\_\_\_\_ months of death)

11. Industry or business Class Co.

Major findings: Of operations \_\_\_\_\_

12. Name Unknown

18. Birthplace Unknown  
 (City, town, or county) (State or foreign country)

14. Maiden name Unknown

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

16. (a) Informant's own signature Katherine Hoyer

(b) Address 2009 Desoto Ave

17. (a) Burial (b) Date thereof Oct. 25, 1939  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery, Stroot Carroll

18. (a) Signature of funeral director \_\_\_\_\_  
 (b) Address 4600 Natural Bridge

19. (a) OCT 23 1939 (b) J. B. Brudick  
 (Date received local registrar) (Registrar's signature)

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

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 M. D. Carterhoff (M. D. or other) \_\_\_\_\_  
 Address 2739 No Grand Date signed Oct 23

PHYSICIAN  
 Underline the cause to which death should be charged statistically.

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

REV. 5-17-39 I 11511

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.

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**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.....

*Frank H. Stover*

Licensed Embalmer No. 2265

P. O. Address.....

**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.**