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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 8646

Registration District No. 791 i Primary Registration District No. 1003 Registrar's No. 2129

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

1. PLACE OF DEATH:

(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: Chtistian Hospital
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missiouri (b) County
(c) City or town St. Louis
(If outside city or town limits write "RURAL")
(d) Street No. 3730 Lindell
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Mary I. Hoxsey

3. (b) If veteran, name war

3. (c) Social Security No. none

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 Aug. (Month) 7 (Day) 1845 (Year)

8. AGE: Years 94 Months 6 Days 25 If less than one day hr. min.

9. Birthplace Hamel Ill. (City, town, or county) (State or foreign country)

10. Usual occupation none

11. Industry or business

MOTHER FATHER
12. Name James Hoxsey
13. Birthplace Virginia (City, town, or county) (State or foreign country)
14. Maiden name Mary Hernsberger
15. Birthplace Virginia (City, town, or county) (State or foreign country)

16. (a) Informant Hoxsey, William
(b) Address 6402 Enright

17. (a) burial (Burial, cremation, or removal) (b) Date thereof March 4 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Hoxsey Cemetery Hamel Ill.

18. (a) Signature of funeral director James J. Cullinane
(b) Address 1710 N. Grand

19. (a) MAR 2 1940 (Date received local registrar) (b) J. B. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 2 year 1940 hour 11:05 minute A. M.

21. I hereby certify that I attended the deceased from Jan 15 1940, to Mch 2 1940; that I last saw her alive on Mch 1st 1940; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Acute Phlebitis of both legs	6 days
Due to Fracture of hip right from fall in home	6 wks
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations none
Of autopsy none

PHYSICIAN 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) Fall in home
(b) Date of occurrence Jan 15th 40
(c) Where did injury occur? St Louis (City or town) 19 (County) MO (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? home (Specify type of place)
While at work? no (e) Means of injury walking

23. Signature M. W. Gubert (M. D. or other)
Address 2734 N Grand ave Date signed 3/2/40

(Licensed Embalmer's Statement on Reverse Side)

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 Fred Frick

Licensed Embalmer No. 3186

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.