

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

REV. 8-11-39
FORM 1 (1938)

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.

APR 15 1940
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 9085

Registrar's No. 2568

Registration District No. 791

Primary Registration District No. 1003

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:
1015 Lami
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether _____)
 In this community Life
years, months or days

3. (a) PRINT FULL NAME May Hoger

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, Married

6. (b) Name of husband or wife Edward 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased March 13, 1882
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>58</u>	<u>0</u>	<u>2</u>	hr. _____ min. _____

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Home

11. Industry or business _____

MOTHER FATHER { 12. Name Ben Green ↑

13. 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 Edward Hoger

(b) Address 1015 Lami

17. (a) Burial (b) Date thereof 3/19/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Wacker - Welderle

(b) Address 2331 S. Broadway

19. (a) MAR 18 1940 (Registrar's signature) _____
(Date received for local registration)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
 (c) City or town St. Louis 23
(If outside city or town limits, write "RURAL")
 (d) Street No. 1015 Lami
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 15
 year 1940 hour 4 minute 30 PM.

21. I hereby certify that I attended the deceased from May 11, 1934 to March 5, 1940
 that I last saw her alive on March 5, 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death _____
 Duration _____
 Due to metabolism yes

Due to the myocarditis yes?

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
 Of operations _____

Of autopsy _____

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) _____
 (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 H. S. Rye (M. D. certifying) _____
 Address 1803 Berkeley Date signed 3-18-40

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 Robert Cordula
Licensed Embalmer No. 3178
P. O. Address St. Andrews

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.