

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 26190

Registration District No. 780

Primary Registration District No. 4466

Registrar's No. 32

1. PLACE OF DEATH:

(a) County Ste Genevieve
 (b) City or town Ste Genevieve
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: _____
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether _____)
 In this community _____
 years, months or days)

3. (a) PRINT FULL NAME ANNA M HOOG

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Louis Hoog 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Sept 9 1887
 (Month) (Day) (Year)

8. AGE: Years 57 Months 9 Days 1 If less than one day _____ hr. _____ min.

9. Birthplace Ste Genevieve Mo
 (City, town, or county) (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business at Home

12. Name Lawrence Juberst

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

14. Maiden name Regina Valtz

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

16. (a) Informant's own signature Etha T. Obermeyer

(b) Address Ste Genevieve Mo

17. (a) Burial (b) Date thereof July 15 1940
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ste Genevieve Mo

18. (a) Signature of funeral director James A. Stark

(b) Address Ste Genevieve Mo

19. (a) July 11/40 (b) T. W. Douglas
 (Date recorded local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ste Genevieve
 (c) City or town Ste Genevieve
 (If outside city or town limits, write "RURAL")
 (d) Street No. 150 5 2nd
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 10th
 year 1940 hour 2nd minute 55 P. M.

21. I hereby certify that I attended the deceased from Nov 25th 1935 to July 10 1940
 that I last saw her alive on July 10 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Apoplexy Duration 3 days

Due to Essential Hypertension 10 yrs

Due to _____

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? 706
 (Specify type of place) (e) Means of injury _____

23. Signature Arthur E. Obermeyer (M. D. or other) _____

Address Ste Genevieve Mo Date signed 7-10-40

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 im-

11 X19511

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 James H. Horton
Licensed Embalmer No. 3817
P. O. Address St. Genevieve

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.