No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED SEP 25 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

1009

State File No. 27377

Registration District No. 791

Primary Registration District No.

Registrar's No. 7273

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Missouri Pacific Hospital
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 4001a Shenandoah St.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

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3. (a) PRINT FULL NAME CLINTON EDW. HOOKER

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Josephine Hooker

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased March 3, 1870 (Month) (Day) (Year)

8. AGE: Years 70 Months 5 Days 24 If less than one day hr. min.

9. Birthplace Geneseo (City, town, or county) Illinois (State or foreign country)

10. Usual occupation Retired Conductor

11. Industry or business Mo Pacific Rail-road

FATHER
12. Name Adam Hooker
13. Birthplace Raleigh (City, town, or county) No Carolina (State or foreign country)

MOTHER
14. Maiden name Eliza Bronson
15. Birthplace Kalamazoo (City, town, or county) Michigan (State or foreign country)

16. (a) Informant Mrs. Josephine Hooker
(b) Address 4001a Shenandoah Ave.,

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 8/28/40 (Month) (Day) (Year)
(c) Place: burial or cremation Crocker Missouri

18. (a) Signature of funeral director Albert H. Hoppe Inc
(b) Address 4700 Washington Blvd.,

19. (a) AUG 28 1940 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 27 year 1940 hour 4 minute 00 P.M.

21. I hereby certify that I attended the deceased from August 21, 1940 to Aug. 27, 1940 that I last saw him alive on August 27, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic Myo Carditis Cardiac Decompensation	
Due to: Arteriosclerosis	
Due to: and Diabetes Mellitus	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Wm W Farley (M. D. or other) M.D.
Address 1755 S. Grand Date signed 8/27/40

(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 Guy W Wilkinson

Licensed Embalmer No. 3575

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.