

STANDARD CERTIFICATE OF DEATH

State File No. 30165

791

1003

Registrar's No. 7442

Registration District No. _____

Primary Registration District No. _____

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:
Lutheran 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

3. (a) PRINT FULL NAME Olaf S. Hoyer

3. (b) If veteran, name war _____ 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 Bertha Hoyer 6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased Unknown
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
About 72 hr. min.

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

10. Usual occupation Retired

11. Industry or business Army Sergeant

12. Name (Unknown) Hoyer

13. Birthplace Norway
(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 Mrs B Hoyer

(b) Address 8417 Pennsylvania

17. (a) Burial (b) Date thereof 9-5-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation N. St. Marks

18. (a) Signature of funeral director Smother Funeral Home
(b) Address 6322 S. Grand

19. (a) SEP 4 1940 (b) J. B. Braddock
(Data received local registrar) (Signature of registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 8417 Pennsylvania
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 1st
year 1940 hour _____ minute 10:35 p.m.

21. I hereby certify that I attended the deceased from Aug 25
1940 to Sept 1 1940;
that I last saw him alive on Sept 1 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death: Uremia
Chronic Nephritis
Due to Branch Pneumonia (Primary)

Duration
1 week
years
2 days

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) 131

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? _____

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

23. Signature Arnold S. Klein (M. D. or other) _____
Address 2632 S. Kings Highway Date signed Sept 4 1940

Dr. A. King
King + King
1-2
Loc 7475

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 Virgil L. Berryman

Licensed Embalmer No. 4018

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.