

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **33877**
Registrar's No. **8571**

Registration District No. **791** Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County **St. Louis**
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution **3634 Tennessee Ave.**
(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 **BARBARA HOOK**

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 **Married**
6. (b) Name of husband or wife **Andrew** 6. (c) Age of husband or wife if alive **61** years
7. Birth date of deceased **October 16 1890**
(Month) (Day) (Year)

8. AGE: Years **49** Months **11** Days **29** . If less than one day _____ hr. _____ min.

9. Birthplace **Austria, Germany**
(City, town, or county) (State or foreign country)

10. Usual occupation **At Home**

11. Industry or business **Unknown**

MOTHER FATHER { 12. Name **Unknown**
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 **Mr. Andrew Hook**
(b) Address **3634 Tennessee Ave.**

17. (a) **Burial** (b) Date thereof **Oct. 18, 1940**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **SS. Peter & Paul Cemetery**

18. (a) Signature of funeral director **J. H. Borden**
(b) Address **2843 Meramec St.**

19. (a) **OCT 17 1940** (b) **J. D. Bredbeck**
(Date received local registrar) (Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County _____
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **3634 Tennessee Ave.**
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October** day **15**
year **1940** hour **10** minute **35** P. M.

21. I hereby certify that I attended the deceased from **7/16/40**
to **10-15-** 19**40**
that I last saw her alive on **10-12-** 19**40**
and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of stomach** Duration **?**

Due to **?**

Due to **1/6**

Other conditions **none**

(Include pregnancy within 3 months of death)

Major findings: Of operations **Large Carcinoma of Stomach**
Of autopsy **none**
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) (a) Means of Injury _____

23. Signature **J. D. Bredbeck** (M. D. _____)
Address **4660 Maryland** Date signed **10/16/40**

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 ME

....., Registered Apprentice No.....
working under my personal supervision.

Signed: Robert F. Gebken

Licensed Embalmer No. 4144
2842 Meramec St.
P. O. Address St. Louis, Missouri

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.