

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

FILED MAY 14 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 12528

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 2958

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:  
St. Louis City Hospital #1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 Days  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2710 N. 10th. St.  
(If rural, give location) 9  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME William Hockenberry

3. (b) If veteran, name war No. 3. (c) Social Security No. None.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased July 21 1921.  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
19 8 12 hr. min.

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

10. Usual occupation Unemployed Laborer.

11. Industry or business \_\_\_\_\_

12. Name Asher Hockenberry.

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

14. Maiden name Vina Osbourne.

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

16. (a) Informant Roy S. Richards.

(b) Address 2710 N. 10th. St.

17. (a) Burial (b) Date thereof 4-5-41.  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Friedens cem.

18. (a) Signature of funeral director Hy. Leidner Und. Co

(b) Address 2223 St. Louis Ave.

19. (a) APR - 4 1941 (b) J. P. Bredack  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 3.  
year 1941 hour 9:30 minute A. M.

21. I hereby certify that I attended the deceased from April 1. 1941, to April 3. 1941;  
that I last saw him alive on April 3. 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Rheumatic Heart Disease with mitral stenosis  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions acute pulmonary edema  
(Include pregnancy within 3 months of death)  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

Duration

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. M. Fitzgerald (M. D. or other) \_\_\_\_\_  
Address 1515 Lafayette Avenue. Date 4/3/41

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**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 Homer L. Ponder

Licensed Embalmer No. 3367

P. O. Address 2223 St. Louis

**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, fact should be so stated above.**