

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

3
1-41
7-39
K26390

FILED AUG 28 1941
Registration District No. 291

Primary Registration District No. 1003

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. 6 Days
(Specify whether years, months or days) 0

3. (a) PRINT FULL NAME Homer Van Hook

3. (b) If veteran, name war. unk

3. (c) Social Security No. unk

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife. Alice

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

7. Birth date of deceased. March 16 - 1878
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

63 3 14 hr. min.

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

10. Usual occupation Stationary Engineer

11. Industry or business.....

12. Name Henry Van Hook

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

14. Maiden name Cathie Summers

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

16. (a) Informant Harry Van Hook

(b) Address Zionville Ind.

17. (a) Removal (b) Date thereof 7/1/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Montezuma, Ind.

18. (a) Signature of funeral director. Albert H. Hoppe

(b) Address 4700 Washington Ave.

19. (a) 7/1/41 (b) J. H. [Signature]
(Date received local registrar) (Registrar's 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. 5801 Water St.
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)

If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 30,
year 1941 hour 6:45 minute P. M.

21. I hereby certify that I attended the deceased from June 25, 1941 to June 30, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death. Carcinoma of Lung

Due to.....

Due to.....

Other conditions. (Include pregnancy within 3 months of death) HI

Major findings: Of operations.....

Of autopsy. none

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?.....

23. Signature [Signature] (Specify type of place) (M. D. or other)
Address 1515 Lafayette Ave. Date signed 7/1/41

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.....

Licensed Embalmer No. 1861

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.