

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:
2849 Semple 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 49 years / (Specify whether
years, months or days)

3. (a) PRINT FULL NAME Albert W. Hoskins

3. (b) If veteran, name war -- 3. (c) Social Security No. --

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

6. (b) Name of husband or wife Ellen Hoskins 6. (c) Age of husband or wife if alive --- years

7. Birth date of deceased Oct. 22nd. 1868
(Month) (Day) (Year)

8. AGE: Years 72 Months 11 Days 5 If less than one day hr. _____ min.

9. Birthplace Tremble Co. Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation Furniture Moover

11. Industry or business _____

12. Name William Hoskins

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

14. Maiden name Unavailable

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

16. (a) Informant Charles Burton 1

(b) Address 2849 Semple Ave.

17. (a) Burial (b) Date thereof 10-1-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park Cem.

18. (a) Signature of funeral director Chas. J. Galt

(b) Address 4107 Finney Ave.

19. (a) SEP 30 1941 (b) J. J. Bieduch
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis 6 17
(If outside city or town limits, write "RURAL")
(d) Street No. 2849 Semple Ave. 9
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country D

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 27th.
year _____ hour 6 : 45 minute _____ P.A.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw h. _____ alive on _____, 19____,
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to Lead poisoning

Due to Lead poisoning

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

Major findings:
Of operations _____

Of autopsy _____

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)
Means of injury _____

23. Signature W. J. Bieduch (M. D. or other) 3

Address Washington Park Cem. Date signed 9-20-41

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

MOTHER FATHER

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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.....

.....James A. Johnson.....
working under my personal supervision.

..... Registered Apprentice No.....

Signed.....

..... Licensed Embalmer No..... 3522.....

..... P. O. Address 4107 Finney Ave......

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.