V. S. No. 2
0M—9-4-41
ev. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 7006

FILED MAR 2 1942 3

Registration District No. 1

Primary Registration District No. 5578

Registrar's No. 1

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

50
0
0

1. PLACE OF DEATH:

(a) County JEFFERSON

(b) ~~City or~~ town RURAL ROCK

(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Home

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether

In this community 12 years

years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County JEFFERSON 50

(c) ~~City or~~ town RURAL 0

(If outside city or town limits, write "RURAL")

(d) Street No. NEAR IMPERIAL Mo 0

(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME OTTO HOOGE

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex MALE 0

5. Color or race WHITE

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

6. (b) Name of husband or wife

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

7. Birth date of deceased AUG. (Month) 21 (Day) 1864 (Year)

8. AGE: Years 77 Months 4 Days 13 If less than one day ..... hr. ..... min.

9. Birthplace KIMMSWICK MO 0 (City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business

FATHER
12. Name MARTIN HOOGE
13. Birthplace GERMANY 4 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name UNKNOWN
15. Birthplace UNKNOWN C (City, town, or county) (State or foreign country)

16. (a) Informant Albert Hooge

(b) Address St Louis Mo

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JAN 7 1942 (Month) (Day) (Year)

(c) Place: burial or cremation ST JOSEPH

18. (a) Signature of funeral director HEILIGTAG FUNERAL HOME

(b) Address KIMMSWICK MO

19. (a) 1-6-42 (Date received by registrar) (b) Phil J. Kirk (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 4 5 year 1942 hour 1 minute 45A M.

21. I hereby certify that I attended the deceased from Nov-1 1941, to Jan 4, 1942 that I last saw him alive on Jan 4, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death General Carcinoma (Primary prostate)

Due to

Due to

Other conditions Senility (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? (Specify type of place)

While at work? (e) Means of injury

23. Signature C. Reich (M. D. or other) MD

Address Kimmswick Mo Date signed 1-5-42

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(Licensed Embalmer's Statement on Reverse Side)

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 Daniel J. Mahn Jr., Registered Apprentice No. 297, working under my personal supervision.

Signed Elmer H. Eligtag

Licensed Embalmer No. 3571

P. O. Address Kinmswick 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, fact should be so stated above.