

FILED APR 8 1942

Registration District No. 791

Primary Registration District No. 1003

2533

1. PLACE OF DEATH:

(a) County St. Louis, Mo.  
(b) City or town St. Louis, Mo.  
(c) Name of hospital or institution: Homer Phillips Hospital  
(If not in hospital or institution, write street number or location) 0  
(d) Length of stay: In hospital or institution 14 days  
(Specify whether years, months or days) 6 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 18.000 17  
(c) City or town St. Louis,  
(If outside city or town limits, write "RURAL")  
(d) Street No. 105 So. Leonard  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_ D

3. (a) PRINT FULL NAME Myrtle Hoy

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

4. Sex Female 5. Color or race Cauc 6. (a) Single, widowed, married, divorced, married  
6. (b) Name of husband or wife Frank Hoy 6. (c) Age of husband or wife if alive 77 years  
7. Birth date of deceased Mar. 28 1875  
(Month) (Day) (Year)

8. AGE: Years 67 Months 11 Days 5 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Unemployed

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

12. Name Jim Gainea

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 Frank Hoy

(b) Address 105 So. Leonard Ave

17. (a) Burial (b) Date thereof 1-21-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director W. Harrison

(b) Address 2906 Lawton Blvd

19. (a) MAR 20 1942 (b) J. J. Busch  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 18,  
year 1942 hour 4 minute 30 P. M.

21. I hereby certify that I attended the deceased from March 4, 1942  
19 March 18, 19 42  
that I last saw her alive on March 18, 19 42  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_ Duration \_\_\_\_\_

Cerebral Thrombosis 2 weeks

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 J. J. Busch (M. D. or other) \_\_\_\_\_

Address 2601 Whittier Date signed 3/20/42

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

MOTHER FATHER

**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 Cleop Young  
Licensed Embalmer No. 33710  
P. O. Address 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.**