

FILED JUN 15 1942

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **1929**

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 **Mo. Baptist Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **1 week**  
In this community **4 years**  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

**Missouri**  
(a) State **Missouri** (b) County  
(c) City or town **St. Louis**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **4324 Delmar Blvd.**  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME **Harry H. Hoag**

(b) If veteran, name war **no** (c) Social Security No. **no**

4. Sex **Male** 6 (b) Color or race **White**  
5. (a) Single, widowed, married, divorced **Single**  
(b) Name of husband or wife (c) Age of husband or wife if alive **years**  
7. Birth date of deceased **Feb. 24 1938**  
(Month) (Day) (Year)

8. AGE: Years **4** Months **3** Days **9**  
If less than one day hr. min.

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

10. Usual occupation **none**

11. Industry or business

MOTHER FATHER

12. Name **Wm. C. Hoag**  
13. Birthplace **Missouri**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Ruth Richardson**  
15. Birthplace **St. Louis Mo.**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Ruth Hoag**  
(b) Address **4324 Delmar Blvd.**

17. (a) **Burial** (b) Date thereof **6-8-42**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Valhalla Cem.**

18. (a) Signature of funeral director **Hy. Leidner Und. Co.**  
(b) Address **2223 St. Louis Ave.**

19. (a) **JUN 6 1942** (b) **J. P. Prudek**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **3rd**  
year **1942** hour **1** minute **30 A.M.**

21. I hereby certify that I attended the deceased from **May 29**, 19**42**, to **June 3**, 19**42**, that I last saw him alive on **June 2**, 19**42**, and that death occurred on the date and hour stated above.

Immediate cause of death **Dyspnea**  
Due to **Type undetermined**

Due to  
Other conditions (Include pregnancy within 3 months of death)  
Major findings: Of operations  
Of autopsy

Duration

**3 days**

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) **no**  
(b) Date of occurrence **no**  
(c) Where did injury occur? **no**  
(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) (b) Means of injury  
23. Signature **James A. Porter** (M. D. or other) **no**  
Address **3903 Olive** Date signed **6-3-42**

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

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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 2233 St. Louis 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.**