S. No. 2
M—9-4-41
v. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 19675

FILED JUL 20 1942

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 5973

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17
9
MILTON, ILL

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

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
BARNES HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 999

(a) State Illinois (b) County Pike

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

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? 2 (Yes or No)

If yes, name country

NR

3. (a) PRINT FULL NAME Myrel Volin Hoover

3. (b) If veteran, name war no

3. (c) Social Security No.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Gladys Hoover

6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased June (Month) 27 (Day) 1893 (Year)

8. AGE: Years 49 Months 0 Days 16 If less than one day hr. min.

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

10. Usual occupation Banker

11. Industry or business

FATHER
12. Name Otis Hoover
13. Birthplace Pike County, (City, town, or county) Illinois (State or foreign country)

MOTHER
14. Maiden name Estelle Bolin
15. Birthplace Pike County (City, town, or county) Illinois (State or foreign country)

16. (a) Informant Mrs. M. B. Hoover
(b) Address Milton, Illinois

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/17/42 (Month) (Day) (Year)
(c) Place: burial or cremation Milton, Illinois

18. (a) Signature of funeral director Albert H. O'Hoppe Inc.
(b) Address 4700 Washington Ave

19. (a) JUL 14 1942 (Date received local registrar) J. F. Budeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 13
year 1942 hour 10 minute 30 a.M.

21. I hereby certify that I attended the deceased from July 9, 1942, 19, to July 13, 1942, 19
that I last saw him alive on July 13, 1942, 19
and that death occurred on the date and hour stated above.

Immediate cause of death Toxemia & Asthenia

Due to Lung abscess & Bronchogenic Ca

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Bronchogenic Carcinoma pneumonitis

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 F R Bradley (M. D. ~~or other~~)

Address Barnes Hospital Date signed 7/13/42

844 (Licensed Embalmer's Statement on Reverse Side)

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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 Albert E. Kapp

Licensed Embalmer No. 2471

P. O. Address.....

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.