No. 2
-1-4-41
-17-39
X28390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 28 1942 791

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22826

Registration District No. ..... Primary Registration District No. 1002 Registrar's No. 6183

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: Homer G. Phillips Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 Hours (Specify whether years, months or days)

In this community All his Life.

2. USUAL RESIDENCE OF DECEASED: 000 17 62

(a) State Missouri (b) County .....

(c) City or town St. Louis (If outside city or town limits, write "RURAL")

(d) Street No. 1111 N. Channing. (If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Henry Hoard

3. (b) If veteran, name war no

3. (c) Social Security No. None

4. Sex Male 2

5. Color or race Col

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife -----

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

7. Birth date of deceased About 1891. (Month) (Day) (Year)

8. AGE: Years 51 Months - Days - If less than one day ..... hr. ..... min.

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

10. Usual occupation Laborer

11. Industry or business .....

FATHER 12. Name William Hoard

13. Birthplace ? (City, town, or county) Mississippi. (State or foreign country)

MOTHER 14. Maiden name Unknown

15. Birthplace ? (City, town, or county) Mississippi (State or foreign country)

16. (a) Informant Myrtle Paul

(b) Address 3406 Bell Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 22, 1942 (Month) (Day) (Year)

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

18. (a) Signature of funeral director Wright's Funeral Home.

(b) Address 3100 Easton Ave.

19. (a) 1111 21 1942 (Date received local registrar) (b) J. F. Medich (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 17 year 1942 hour 6 minute 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 Extravasee Subdural Hemorrhage of Brain, When he fell off the steps at

Due to 1111 No Channing ave. Stricken his head on Concrete sidewalk

Due to on 7/16/42 about 10 30 PM

Duration

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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) Accident

(b) Date of occurrence 7/16/42 1100

(c) Where did injury occur? St Louis (City or town) Mo (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Place (Specify type of place)

While at work? ..... (e) Means of injury ?

23. Signature Alfred Oberg (M. D. or other)

Address 1 Spring Place Date signed 7/18/42

(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

William C. McDowell, Registered Apprentice No.

working under my personal supervision.

Signed William C. McDowell

Licensed Embalmer No. 2114

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.