

V. S. No. 2
OM-9-4-41
Rev. 5-17-39
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28170

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

FILED SEP 8 1942

Registration District No. 200

Registrar's No. 1817

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

1. PLACE OF DEATH:

(a) County St Louis

(b) City or town Charl Clayton Township
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: _____
(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:

(a) State Mo. (b) County 96

(c) City or town Venta Pl (If outside city or town limits, write "RURAL") 9

(d) Street No. 8215 Flora (If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Percy S. Hockin Jr.

MEDICAL CERTIFICATION

3. (b) If veteran, name war _____ 3: (c) Social Security No. 162-12-8152

20. DATE OF DEATH: Month August day 28 year 1942 hour 4 minute _____ P. M.

4. Sex Male 0 5. Color or race White 0 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased June 26 1915
(Month) (Day) (Year)

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

8. AGE:	Years	Months	Days	If less than one day
	<u>24</u>	<u>2</u>	<u>2</u>	hr. _____ min. _____

Immediate cause of death While riding in an automobile that turned over on a public highway.

Due to Multiple lacerations of scalp; Multiple fractures of skull, face bones & cervical vertebra; Traumatic laceration of brain & spleen.

Other conditions _____ of brain & spleen.
(Include pregnancy within 3 months of death)

9. Birthplace Dubois Penn. /
(City, town, or county) (State or foreign country)

Major findings: _____

Of operations _____

Of autopsy Yes.

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

10. Usual occupation Inspector

11. Industry or business Curtis Wright Aircraft.

12. Name Percy S. Hockin Sr.

13. Birthplace Dubois Penn. /
(City, town, or county) (State or foreign country)

14. Maiden name Ada Bassett

15. Birthplace _____ Penn. /
(City, town, or county) (State or foreign country)

16. (a) Informant Percy S. Hockin Sr.

(b) Address 98 Scotland Ave. Punxsutawney

17. (a) Removal (b) Date thereof 8-29-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Punxsutawney, Pa.

18. (a) Signature of funeral director Louis H. Bopp, Inc.

(b) Address 131 W. Argonne Dr. Kirkwood, Mo.

19. (a) AUG 29 1942 (b) C. G. McCarroll Jr.
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident. 096

(b) Date of occurrence August 28, 1942

(c) Where did injury occur? 3700 Brown Road
(City or town) (County) (State)

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

While at work? _____ (Specify type of place) _____ (e) Means of injury _____

23. Signature Louis H. Bopp, Inc. (M. or other) _____

Address Kirkwood, Mo. 8/29/42 Date signed _____

Me

707

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 _____

Licensed Embalmer No. _____

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.

Louis H. Bopp

921
Richwood