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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 14 1943

Registration District No. 318

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 38863

Registrar's No. 92

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

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: Homer G. Phillips Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 15 days (Specify whether
In this community unknown years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17

(c) City or town St. Louis, 9
(If outside city or town limits, write "RURAL")

(d) Street No. 4427 Cote Brilliante 11
(If rural, give location)

(e) Citizen of foreign country? Born in U.S. OF A (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Bishop Hoke

3. (b) If veteran, name war no,

3. (c) Social Security No. 333-03-4346.

4. Sex Male

5. Color or race Colored

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

6. (b) Name of husband or wife Mrs. Emma Hoke,

6. (c) Age of husband or wife if alive 38 years

7. Birth date of deceased August (Month) 2nd, (Day) 1900. (Year)

8. AGE: Years 41 Months 4 Days 29 If less than one day hr. min.

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

10. Usual occupation Utility-man.

11. Industry or business U.S.Cartrige Co.

FATHER
12. Name Allen Hoke,
13. Birthplace (City, town, or county) Mississippi (State or foreign country)

MOTHER
14. Maiden name Rosie Davis,
15. Birthplace (City, town, or county) Mississippi (State or foreign country)

16. (a) X Informant Emma Hoke
(b) Address 4427 Cote Brilliant, StLouis, Mo.

17. (a) Burial. (Burial, cremation, or removal) (b) Date thereof Jany 6th, 43. (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director R C Houston Jr
(b) Address 2812 Thomas, StLouis, Mo.

19. (a) JAN 5 1943 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 1, year 1943 hour 6 minute 30 P. M.

21. I hereby certify that I attended the deceased from December 17, 1942 to January 1, 1942; that I last saw him alive on January 1, 1942; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Left Diaphragmatic Strangulated Hernia	13 days
Due to: Generalized Peritonitis	12 days
Due to:	
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)
(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 C. R. Merry (M. D. or other)
Address 2601 Whittier Date signed 1/4/43

(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

Myself, Registered Apprentice No.

working under my personal supervision.

Signed [illegible]

Licensed Embalmer No. 2266

P. O. Address 2812 Thomas St.

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.