. S. No. 2
M—9-4-41
5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

4324

State File No.

FILED MAR 10 1943

Registration District No. Primary Registration District No. 1003 Registrar's No. 1854

1. PLACE OF DEATH:

(a) County

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

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

(d) Length of stay: In hospital or institution 2/15/43 to 2/23/43 (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County 4 5 7 NR.

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

(d) Street No. Benton City Mo.
(If rural, give location)

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

If yes, name country 1

3. (a) PRINT FULL NAME Hazel Hoover.

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female 1

5. Color or race White

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

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

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

7. Birth date of deceased July (Month) 1 (Day) 1908 (Year)

8. AGE: Years 34 Months 7 Days 22 If less than one day hr. min.

9. Birthplace Missouri. (City, town, or county) 0 (State or foreign country)

10. Usual occupation Housewife.

11. Industry or business

MOTHER FATHER

12. Name Jake Simpson.

13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

14. Maiden name Annie Cox.

15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Stella Grady.

(b) Address 5600 Arsenal St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/24/43 (Month) (Day) (Year)

(c) Place: burial or cremation Mexico, Mo

18. (a) Signature of funeral director Albert H. Hoppe Inc.

(b) Address 4700 Washington Blvd.

19. (a) FEB 24 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 23 year 1943 hour 2 minute 30 A.M.

21. I hereby certify that I attended the deceased from 2/15, 1943 to 2/23, 1943 that I last saw her alive on 2/23, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Exfoliative dermatitis

Due to unknown toxin, Possibly drug.

Due to

Other conditions (Include pregnancy within 3 months of death) 153.2

Major findings:
Of operations

Of autopsy no findings.

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 R. W. Maxwell (M. D. or other)

Address 5600 Arsenal Date signed 2-23-43

(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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Wilford G Burnley

Licensed Embalmer No. 4202

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.