

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4970
Registrar's No. 4970

FILED JUN 9 1943
Registration District No. 318

Primary Registration District No. 1003

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:
4005 W. Florissant Blvd., /
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
(Specify whether
 In this community..... life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 5089 Geraldine Ave
(If rural, give location)
 (e) Citizen of foreign country?..... No (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME Eileen Hoover
 3. (b) If veteran, name war.....
 3. (c) Social Security No.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 28th
 year 1943 hour nine minute 35 M.

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced Single
 6. (b) Name of husband or wife.....
 6. (c) Age of husband or wife if alive..... years

21. I hereby certify that I attended the deceased from 4-27-
1943, to 5-28- 1943
 that I last saw her alive on 5-22- 1943
 and that death occurred on the date and hour stated above.

7. Birth date of deceased September 10th 1926
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
16 8 18 hr. min.

Immediate cause of death hemorrhage into pleura from carcinoma of lung
 Due to.....
 Due to.....

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

Other conditions (Include pregnancy within 3 months of death)

10. Usual occupation High School Student

11. Industry or business.....

MOTHER FATHER { 12. Name Leon Hoover
 { 13. Birthplace Pittsburgh, Penn.
(City, town, or county) (State or foreign country)
 { 14. Maiden name Ruth Simpson
 { 15. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)

Major findings: Of operations.....
 Of autopsy as above

PHYSICIAN
 Underline the cause to which death should be charged statistically.

16. (a) Informant Leon Hoover
 (b) Address 5089 Geraldine Ave

17. (a) Burial (b) Date thereof 5/31/43
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation St. Johns Cemetery

18. (a) Signature of funeral director Calvin F. Feutz Fun. Home
 (b) Address 4828 Natural Bridge Blvd.

19. (a) MAY 28 1943 (b) J. J. Mullen
(Date of death) (Registrar's signature)

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

23. Signature J. E. Mullen (M. D. or other) MD
 Address 4005 W. Florissant Date signed 5-28-43

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.....

John A. Melisar....., Registered Apprentice No.....
working under my personal supervision.

Signed *John A. Melisar*.....

Licensed Embalmer No. *4186*.....

P. O. Address *St. Louis 9 Mo.*.....

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.