S. No. 2
—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 18997

FILED MAY 29 1943

Registration District No. 677 Primary Registration District No. 6076 Registrar's No. 1223

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: residence-16 Lindworth Lane
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town rural
(If outside city or town limits, write "RURAL")
(d) Street No. 16 Lindworth Lane
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME FAYE O. HOSHOUR

3. (b) If veteran, name war none

3. (c) Social Security No. 494-05-6782

4. Sex female

5. Color or race white

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

6. (b) Name of husband or wife E. H. Hoshour

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

7. Birth date of deceased September (Month) 26 (Day) 1878 (Year)

8. AGE: Years 64 Months 6 Days 27 If less than one day hr. min.

9. Birthplace Monticello (City, town, or county) Indiana (State or foreign country)

10. Usual occupation At Home. Retired Sales-

11. Industry or business Stix Bear & Fuller Co.

MOTHER FATHER
12. Name unknown Davis
13. Birthplace unknown (City, town, or county) Pennsylvania (State or foreign country)
14. Maiden name unknown Ruffing
15. Birthplace unknown (City, town, or county) Indiana. (State or foreign country)

16. (a) Informant Mrs. Thelma L. Lewis
(b) Address 16 Lindworth Lane, St. Louis Co.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 5-25-43. (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director C. R. Lupton & Sons
(b) Address 7233 Delmar Blv'd., St. Louis

19. (a) MAY 25 1943 (Date received local registrar) (b) C. J. McGovern M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 22nd year 1943 hour 2 minute 25 P.M.

21. I hereby certify that I attended the deceased from Dec. 9, 1921 to May 22, 1943 that I last saw her alive on May 22, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral hemorrhage, left	10 hr
Due to: Hypertensive vascular disease	2½ yr
Due to:	
Other conditions (Include pregnancy within 3 months of death): Pernicious anemia	3½ yr

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) No
(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. H. Cleveland (M. D. ~~or other~~)
Address 3326 Meramec Street Date signed 5/24/43

(Licensed Embalmer's Statement on Reverse Side)

Dr. A. H. Cleveland,
3326 Meramec Ave.,
PL-9677
1:30-3 P.M.

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 Paul Lemmer, Registered Apprentice No. 351, working under my personal supervision.

Signed Clarence H. Murray

Licensed Embalmer No. 4011.1

P. O. Address St. Louis, 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.