No. 2
M—2-43
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 20 1944

Registration District No. 318

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 229

Registrar's No. 138

1. PLACE OF DEATH:

(a) County St Louis Mo
(b) City or town (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Hospital O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 weeks (Specify whether
In this community 23 yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Mo (b) County 17
(c) City or town St Louis 9 (If outside city or town limits, write "RURAL") 17
(d) Street No. 5004 Delmar (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country O

3. (a) PRINT FULL NAME Frederick Hoyt Day

3. (b) If veteran, name war nil

3. (c) Social Security No.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Mora

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

7. Birth date of deceased Nov (Month) 23 (Day) 1865 (Year)

8. AGE: Years 78 Months 1 Days 12 If less than one day hr. min.

9. Birthplace (City, town or county) Conn 1 (State or foreign country)

10. Usual occupation Clerk

11. Industry or business O.C.D.

FATHER
12. Name Unknown
13. Birthplace (City, town or county) Conn 1 (State or foreign country)

MOTHER
14. Maiden name Unknown Hoyt
15. Birthplace (City, town or county) Conn 1 (State or foreign country)

16. (a) Informant Dr Oliver Abel Sr
(b) Address 5475 Cabanne

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 7-44 (Month) (Day) (Year)
(c) Place: burial or cremation ~~Memorial Park~~ Oak Grove

18. (a) Signature of funeral director Guy Mullen
(b) Address 5041 Delmar

19. (a) JAN 6 1944 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

844

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan 4 day year 1944 hour 11 minute 30 a.M.

21. I hereby certify that I attended the deceased from Dec 15 1943 19 to Jan 4 1944 that I last saw him alive on Jan 4 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic Heart Disease

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

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 L. Kaz [illegible] O (M. D. or other)
Address 1515 Lafayette Date signed 1-4-44

(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 V E Morris

Licensed Embalmer No. 3360

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.