

FILED MAR 27 1944

Registration District No. 318 Primary Registration District No. 1003

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:  
Christian Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
(Specify whether  
In this community.....  
years, months or days)

3. (a) PRINT FULL NAME Charles William Hosto

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Margaret M. Hosto 6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased March 21 1875  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
68 11 27 hr. min.

9. Birthplace Alhambra Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER { 12. Name Ernest Hosto  
13. Birthplace Unknown Germany  
(City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant Margaret M. Hosto

(b) Address 2402 Sims

17. (a) Removal (b) Date thereof 3-20-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Alhambra, Ill.

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

(b) Address 4700 Washington Blvd.

19. (a) MAR 21 1944 (b) J. J. [Signature]  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 13  
(c) City or town St. Louis OVERLAND  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2402 Sims  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 18  
year 1944 hour 7:25 minute A. M.

21. I hereby certify that I attended the deceased from 3-15 1944, to 3-18-44 1944;  
that I last saw him alive on 3-18-44 1944;  
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiovascular renal disease Duration 7

Due to

Due to 51

Other conditions (Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy Carcinoma of prostate and above.

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?

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

23. Signature [Signature] (M.D. or other) MD  
Address 5074 N. Union Date signed 3-18-44

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

2685  
2685

2685  
2685

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**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

*John Agonishi*

Licensed Embalmer No.

3398

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.**