

Registration District No. 318

Primary Registration District No. 74413

Registrar's No. 4578

1. PLACE OF DEATH:

(a) County St. Louis, Missouri

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

(c) Name of hospital or institution: St. Louis City Hospital #1.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days  
(Specify whether years, months or days)

2. USUAL RESIDENCE OR DECEASED:

(a) State Illinois (b) County St. Clair

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

(d) Street No. 1813 Bond Ave  
(If rural, give location) N.R.

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

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Annie Hoover

MEDICAL CERTIFICATION

3. (b) If veteran, name war None

3. (c) Social Security No. 346-03-6468

20. DATE OF DEATH: Month May day 22nd  
year 1945 hour 10:44 minute A. M.

4. Sex F 5. Color or race Col

6. (a) Single, widowed, married, divorced 1

21. I hereby certify that I attended the deceased from 5/22/45, 19\_\_\_\_, to 5/22/45, 19\_\_\_\_;  
that I last saw her or alive on 5/22/45, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

6. (b) Name of husband or wife E. J. Hoover

6. (c) Age of husband or wife if alive 63 years

Immediate cause of death: Menigitis

7. Birth date of deceased: Aug 26 1894  
(Month) (Day) (Year)

Duration \_\_\_\_\_

8. AGE: Years 50 Months 8 Days 26  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Due to Causitive Organism UNKNOWN

9. Birthplace Northwest Jesus  
(City, town, or county) (State or foreign country)

Due to \_\_\_\_\_

10. Usual occupation House Wife

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

11. Industry or business \_\_\_\_\_

Major findings: \_\_\_\_\_

12. Name Unknown

Of operations \_\_\_\_\_

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

Of autopsy Menigitis

14. Maiden name Unknown ?

22. If death was due to external causes, fill in the following:

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

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

16. (a) Informant E. J. Hoover

(b) Address St. Louis Ill

(b) Date of occurrence \_\_\_\_\_

17. (a) Removal (b) Date thereof 5-24-45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

(c) Place: burial or cremation East Alton Ill

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

18. (a) Signature of funeral director E. J. Hoover

(b) Address St. Louis Ill

While at work? \_\_\_\_\_ (Specify type of place)

23. Signature J. T. Masters (M.D.) 5/22/45  
Address 1515 Lafayette Ave. Date signed \_\_\_\_\_

19. (a) MAY 24 1945 (b) J. F. Bredich  
(Date received local health officer) (Registrar's signature)

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

AUG 7 1945

**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 *W. E. Johnson*

Licensed Embalmer No. *3568*

P. O. Address *E. Johnson*

**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.**