

FILED JAN 11 1945 **STANDARD CERTIFICATE OF DEATH** 1003

Registration District No. **318**

Primary Registration District No.

1. PLACE OF DEATH:

(a) County **St. Louis Mo.**
(b) City or town **St. Louis Mo.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution **3325 N. Florissant**
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **1720**
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **3325 N. Florissant**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Raymond Hoover

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex **Male** 5. Color **White**

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

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive **47 1/2** years

7. Birth date of deceased (Month) (Day) (Year) **11/18/1897**

8. AGE: Years Months Days If less than one day
47 04 1 hr. min.

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

10. Usual occupation **airman**

11. Industry or business **unknown**

12. Name **Wm Hoover**

13. Birthplace (City, town, or county) (State or foreign country) **St. Louis Mo**

14. Maiden name _____

15. Birthplace (City, town, or county) (State or foreign country) **St. Louis Mo**

16. (a) Informant **Raymond Hoover**

(b) Address **300 Clark**

17. (a) (Burial, cremation, or removal) **Anatomical Board** (b) Date thereof (Month) (Day) (Year) **12-5-48**

(c) Place: burial or cremation **St. Louis**

18. (a) Signature of funeral director **W. Richter**

(b) Address **3500 Rutger**

19. (a) **DEC 20 1948** (Date received local registrar) **J. F. Braden** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov** day **12** year **1948** hour **8** minute **and**

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death **Strangulation due to hanging when deceased was found hanging from a pipe branch (catheter) on 12-11-48. Body called by police group. Cause of death: strangulation. 3325 N. Florissant St. St. Louis, Mo. 12-5-48**

Other conditions (Include pregnancy within 3 months of death) **Disc. cert.**

Major findings: Of operation **ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED** Of autopsy **164**

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) _____ (e) Means of injury **3**

23. Signature **Walter Perry** (M. D. or other) **Walter Perry** Address **St. Louis** Date signed **12/3/48**

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

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.....

Licensed Embalmer No.....

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.

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:
(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 Raymond Hoover

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced s

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

7. Birth date of deceased..... (Month) (Day) (Year)

8. AGE: 47 Years Months Days If less than one day..... hr. min.

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

10. Usual occupation.....

11. Industry or business.....

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

16. (a) Informant.....

(b) Address.....

17. (a) (Burial, cremation, or removal) (b) Date thereof..... (Month) (Day) (Year)

(c) Place: burial or cremation.....

18. (a) Signature of funeral director.....

(b) Address.....

19. (a) (Date received local registrar) (b) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... Day.....
year 1945 hour..... minute..... M.

21. I hereby certify that I attended the deceased from..... to....., 19.....;
that I last saw him..... alive on....., 19.....;
and that death occurred on the date and hour stated above.
Immediate cause of death.....

Duration

Due to.....

Due to.....

Other conditions..... (Include pregnancy within 3 months of death)

Major findings: Of operations.....

Of autopsy..... 1640

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

(a) Accident, suicide, or homicide (specify) Suicide

(b) Date of occurrence Nov. 12, 1945

(c) Where did injury occur? St. Louis (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Little Sister of the Poor

While at work? no (Specify type of place) (e) Means of injury see above

23. Signature Alfred Perry (M. D. or other)

Address St. Louis Date signed 11/14/45

SUPPLEMENTARY 2

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

PHYSICIAN

Underline the cause to which death should be charged statistically.

