

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

1. PLACE OF DEATH: 318
(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution 6023 Manchester
(d) Length of stay: In hospital or institution _____
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County 4000
(c) City or town St. Louis 17
(d) Street No. 6023 Manchester
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME CHARLES H. HOKE
(b) If veteran, name war _____ (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month mar 8 day
year 1947 hour 8 minute 50 P.M.
21. I hereby certify that I attended the deceased from Sept 5-
1946, to March 8 1947
that I last saw him alive on March 8 1947
and that death occurred on the date and hour stated above.

4. (a) Sex Male (b) Color Wh
(c) Name of husband or wife Frances G.
5. (a) Single, widowed, married, divorced, widowed
(b) Name of husband or wife _____ (c) Age of husband or wife if alive _____ years
6. Birth date of deceased: Sep 15 1869 (Month) (Day) (Year)

Immediate cause of death: Atherosclerosis of heart
Duration 6 mo.
Due to _____
Due to _____
Other conditions: Generalized arteriosclerosis
(Include pregnancy within 3 months of death)
Major findings: _____
Of operations _____
Of autopsy _____

8. AGE: Years 77 Months 5 Days 23
If less than one day _____ min.

9. Birthplace Philadelphia Penn.
10. Usual occupation Insurance Salesman
11. Industry or business John Hancock Life Ins.
12. Name Harry Hoke
13. Birthplace Penn.
14. Maiden name Caroline
15. Birthplace Penn.

16. (a) Informant Norman B. Hoke
(b) Address 6023 Manchester
17. (a) Burial (b) Date thereof 3-12-47
(c) Place of burial or cremation Memorial Park
18. (a) Signature of funeral director J. D. Breneck
(b) Address 225 Union Blvd
19. (a) MAR 11 1947 (b) Registrar's signature J. D. Breneck

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 Foster A. Gill (M. D. or other) M.D.
Address 7346 Manchester, Maplewood Date signed 3-10-47

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.....

J. Allen Davis Jr.
.....

Licensed Embalmer No. *4053*

P. O. Address. *St. Louis*

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.