

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22331**

FILED JUL 12 1947

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **6348**

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3
~~Spokane Park~~ Masonic Home of Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 yrs. (Specify whether years, months or days)
In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5351 Delmar Blvd.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Edward J. Hoke

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 2

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

7. Birth date of deceased April 12, 1868
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
79 2 20 hr. min.

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

10. Usual occupation Mill work

11. Industry or business _____

MOTHER FATHER { 12. Name A. J. Hoke

13. Birthplace Jeffersontown, Ky.
(City, town, or county) (State or foreign country)

14. Maiden name Mary Frances Snyder

15. Birthplace Jeffersontown, Ky.
(City, town, or county) (State or foreign country)

16. (a) Informant Iva Hirsch

(b) Address 5351 Delmar Blvd. St. Louis

17. (a) removal (b) Date thereof July 3, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sullivan, Ind.

18. (a) Signature of funeral director Alexander Sons

(b) Address 6175 Delmar

19. (a) JUL 3 1947 J. F. Bredack
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 2nd
year 1947 hour 6:00 P.M. minute _____ M.

21. I hereby certify that I attended the deceased from May 17th 1939
to July 2nd 1947
that I last saw him alive on July 2nd 1947
and that death occurred on the day and hour stated above.

Immediate cause of death acute myocarditis Duration 2 days

Due to Senility 1 year

Other conditions 93a
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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 John Farmer (M. D. or other)

Address 508 N. Grand St. Date signed _____

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 *Thomas R. Fenwick*

Licensed Embalmer No. *3793*

P. O. Address *6175 Delmar*

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.