No. 2
1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 23 1947

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 29140

Registrar's No. 7529

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: 4159 Penrose St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: None (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County

(c) City or town: St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No.: 4159 Penrose St.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME: Roy D. Hooser, Sr.

3. (b) If veteran, name war: None

3. (c) Social Security No.

4. Sex: Male

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Eva M. Hooser nee Parmley

6. (c) Age of husband or wife if alive: 49 years

7. Birth date of deceased: September 25, 1898
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
48	10	13	hr. min.

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

10. Usual occupation: Bus driver

11. Industry or business

FATHER
12. Name: George Hooser
13. Birthplace: Unknown (City, town, or county) Ky. (State or foreign country)

MOTHER
14. Maiden name: Alice Woodburn
15. Birthplace: Unknown (City, town, or country) Ky. (State or foreign country)

16. (a) Informant: Mrs Eva M. Hooser
(b) Address: 4159 Penrose St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 8/11/47 (Month) (Day) (Year)
(c) Place: burial or cremation: Marion, Ills.

18. (a) Signature of funeral director: Math Hermann & Son, Inc.
(b) Address: 2161 East Fair Ave

19. (a) AUG 9 1947 (Date received local registrar) (b) J. F. Budeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Aug. day: 8th
year: 1947 hour: 10:00 AM minute M.

21. I hereby certify that I attended the deceased from July 26, 1947, to Aug 7, 1947, that I last saw him alive on Aug 7, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Myocardial failure	
Due to: Endocarditis	
Due to: Rheumatic fever	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause of 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? (Specify type of place)
(While at work?) (e) Means of injury

23. Signature: A. O. Mowry (M. D. or other) M.D.
Address: 3625 Fair Ave Date signed: 8/8/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 William G Buckholz

Licensed Embalmer No. 2110

P. O. Address St. Louis Mo

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.