FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAR 11 1948

# STANDARD CERTIFICATE OF DEATH

State File No. 6513

Registration District No. 318 — Primary Registration District No. 1003 — Registrar's No. 263

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: City Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days (Specify whether years, months or days)
In this community

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. 823 Market Street (If rural, give location)
(e) Citizen of foreign country? ---- (Yes or No)
If yes, name country ----

3. (a) PRINT FULL NAME CORNELIUS HOSTY
3. (b) If veteran, name war W.W.#2
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife ----
6. (c) Age of husband or wife if alive years
7. Birth date of deceased June 17, 1910 (Month) (Day) (Year)
8. AGE: Years 37 Months 6 Days 21 If less than one day hr. min.
9. Birthplace St. Louis, Missouri (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business B & O.R.R.
MOTHER FATHER
12. Name Cornelius Hosty Sr.
13. Birthplace Unknown (City, town, or county) (State or foreign country)
14. Maiden name Anna Corlin
15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant Thomas J. Hosty
(b) Address 2524a Howard Street
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 12, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation National Cemetery, Jeff. Bks.
18. (a) Signature of funeral director C. Hoffmeister U.&L.Co.
(b) Address 7814 S. Broadway, St. Louis, Mo.
19. (a) JAN 9 1948 (Date received local registrar) J. J. Bradeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 8 year 1948 hour 8 minute 34 A.M.
21. I hereby certify that I attended the deceased from ..., 19.. to ..., 19..; that I last saw h... alive on ..., 19..; and that death occurred on the date and hour stated above.

Immediate cause of death: Fracture of skull 2 Subdural hemorrhage of brain When he was found at the foot of the steps leading into the City of the Stag Quarter Hotel 1415 No 9th Street Around 5:42 P.M. Dec 31, 1947

Duration

Other conditions (Include pregnancy within 3 months of death): Cause and manner of death could not be determined

Major findings: Of operations

Of autopsy: yes

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): Not verified
(b) Date of occurrence: Unk
(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) Lobby of Hotel
While at work? (e) Means of injury: Lo Dong
23. Signature Patrick E. Taylor (Title or other) Jr
Address Deputy Coroner Date signed 1-9-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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: Lines C. Hoffmeister

Licensed Embalmer No. 3871

P. O. Address 7814 S. Brook

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.