

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

10280

State File No. 3062

FILED APR 7 1948

Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis, Missouri  
(b) City or town \_\_\_\_\_  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
6323 Minnesota Ave.,  
(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 Missouri (b) County \_\_\_\_\_  
(c) City or town \_\_\_\_\_  
(If outside city or town limits, write "RURAL")  
(d) Street No. 6323 Minnesota Ave.,  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME David M. Hoag

3. (b) If veteran, name war None 3. (c) Social Security No. 101-01-5524

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Jean Hoag 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased November 1, 1886  
(Month) (Day) (Year)

8. AGE: Years 61 Months 4 Days 26 If less than one day  
hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Missouri (City, town, or county) (State or foreign country) 0

10. Usual occupation Electrician

11. Industry or business \_\_\_\_\_

12. Name Unknown 9

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

14. Maiden name Julia Holland (State or foreign country)

15. Birthplace Ireland (City, town, or county) (State or foreign country) 4

16. (a) Informant MERRIT HOAG

(b) Address BROOKLYN, NEW YORK

17. (a) Burial (b) Date thereof 3-31-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olive Cemetery

18. (a) Signature of funeral director Southern Funeral Home

(b) Address 6322 South Grand Blvd.,

19. (a) MAR 30 1948 (Date received local registrar) J.F. Brecheen (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 27th year 1948 hour 3 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from 12/1/42 to 3/21 1948;

that I last saw him alive on March, 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis Duration 6 yrs

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 0

23. Signature B. Benjamin (M. D. or other) md

Address 74 309 Va Ave Date signed 3/27

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

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11  
9

000  
17  
9

X

DR BENJAMIN  
7430 VIRGINIA  
1:30 TO 3:30 P.M.

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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.....

*C. W. M. Pembrey*

Licensed Embalmer No.....

*3633*

P. O. Address.....

*Albion 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.**