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

FEDERAL BUREAU OF INVESTIGATION

National Office of Vital Statistics

FILED AUG 23 1948

Registration District No. 318

UNITED STATES DEPARTMENT OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No.

27830

Registrar's No.

7062

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: Firmin Desloge Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days)

3. (a) PRINT FULL NAME

Hoover, John L.

3. (b) If veteran, name war No

3. (c) Social Security No. Unknown

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Anna H. Hoover
6. (c) Age of husband or wife if alive 72 years
7. Birth date of deceased September 4 1877
(Month) (Day) (Year)

8. AGE: Years 70 Months 11 Days 5 If less than one day hr. _____ min. _____

9. Birthplace St. Kinsey, Mo. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Blacksmith

11. Industry or business _____

12. Name Hoover, Frank
13. Birthplace Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Lelendier, Mary
15. Birthplace Bloomsdale Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Anna Hoover
(b) Address Kinsey, Mo.
17. (a) Burial (b) Date thereof 8-11-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Kinsey, Mo.

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd
AUG 11 1948
19. (a) _____ (b) J. F. Brebeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 9th
year 1948 hour 7:40 minute P.M.

21. I hereby certify that I attended the deceased from 7/23/48
_____, 19____, to 8/9/48, 19____;
that I last saw him alive on 8/9/48
and that death occurred on the date and hour stated above.
Immediate cause of death Cardiac failure

Due to Hypertensive cardiovascular disease
Due to 930
Other conditions Small emphysema
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy Large heart, pleural effusion, ascites

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)
(c) Means of injury Auto
23. Signature Arthur K. Friskel (M. D. or other) MD
Address 1325 S. Grand Date signed 8/11/48

PHYSICIAN

Underline the cause to which death should be charged statistically.

(Licensed Embalmer's Statement on Reverse Side) ARTHUR K. FRISKEL

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 _____

Licensed Embalmer No. _____

P. O. Address _____

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSTHE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Sept
7062Registration District No. 318Primary Registration District No. 1003

Registrar's No.

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:

(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)

3. (a) PRINT
FULL NAMEJohn L. Hoover

3. (b) If veteran,
name war.....

3. (c) Social Security
No.....

4. Sex..... M 5. Color or
race..... W
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if
alive.....

7. Birth date of deceased..... Sept 4
(Month) (Day) (Year)

8. AGE: Years..... Months..... Days..... If less than one day
70..... hr..... min

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

10. Usual occupation

11. Industry or business

12. Name.....
13. Birthplace..... (City, town, or county) (State or foreign country)
14. Maiden name.....
15. Birthplace..... (City, town, or county) (State or foreign country)

16. (a) Informant.....

- (b) Address.....

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

- (c) Place: burial or cremation.....

18. (a) Signature of funeral director.....

- (b) Address.....

19. (a)..... (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month.....
year..... hour..... minute..... M.

21. I hereby certify that I attended the deceased from.....
that I last saw him..... alive on..... 19.....
and that death occurred on the date and hour stated above.
Immediate cause of death.....
Duration.....

Due to.....

Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:

Of operations.....

Of autopsy.....

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

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)
(c) Means of injury.....

23. Signature..... (M. D. or other).....

Address..... Date signed.....

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

S-2783D

Re-0500