

3000
7-49
3906

UNITED STATES DEPARTMENT OF HEALTH
STANDARD CERTIFICATE OF DEATH

34267
State File No. _____
Registrar's No. 9378

FILED NOV 12 1948 818
Registration District No. _____

Primary Registration District No. 1003

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

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:
Homer G Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 26 days
In this community LIFE. (Specify whether years, months or days)

3: (a) PRINT FULL NAME Howard Tate Hooks
3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex Male 5. Color Col 6. (a) Single, widowed, married, divorced 50
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if live _____ years
7. Birth date of deceased 6 28 1944
(Month) (Day) (Year)

8. AGE: Years 4 Months 3 Days 28 If less than one day hr. min.
9. Birthplace ST LOUIS MO
(City, town, or county) (State or foreign country)
10. Usual occupation _____

11. Industry or business _____
12. Name HOWARD HOOKS
13. Birthplace GA
14. Maiden name PEARL JOHNSON
15. Birthplace ARK

16. (a) Informant Mrs Pearl Hooks
(b) Address 2200 Carr St
17. (a) Burial (b) Date thereof 10-1-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation GREENWOOD
18. (a) Signature of funeral director Bernie Love
(b) Address 3103 Washington
19. (a) OCT 30 1948 (b) J. B. Lester
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County and
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 2200 Carr St 9
21 (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Oct. day 26
year 1948 hour 3 minute 05 P.M.
21. I hereby certify that I attended the deceased from 9-30, 1948 to 10-26, 1948;
that I last saw him alive on Oct. 26, 1948;
and that death occurred on the date and hour stated above.

Immediate cause of death
BRAIN - Edema and Congestion
LUNGS & SPLEEN - Congestion
Due to _____
Due to _____
Other conditions None
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy Yes
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 Aileen E. Hart (M. D. or other) _____
Address 1607 N. White Date signed 10/27/48

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 W. Claude Gordon

Licensed Embalmer No. 3489

P. O. Address. 4575 Aldine

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.