

FILED APR 1 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

9880

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **2732**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis 03</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis 17</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>deceased Homer Phillip Hoop</b>		d. STREET ADDRESS (If rural, give location) <b>1014 Reay Franklin Ave</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Duke</b> b. (Middle) <b>Duke</b> c. (Last) <b>Carlo</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>3-23-1949</b>	
5. SEX <b>male</b>	6. COLOR OR RACE <b>Col</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never married</b>	8. DATE OF BIRTH <b>5-7-1893</b>
9. AGE (To years last birthday) <b>55</b>		IF UNDER 1 YEAR Months <b>10</b> Days <b>16</b>	IF UNDER 1 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Janitor</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Savannah Ga</b>
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME <b>unk</b>	
13b. MOTHER'S MAIDEN NAME <b>unk</b>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>yes WW #1</b>		16. SOCIAL SECURITY NO. <b>493-05-6257</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Eva Fox 1411 1/2 Car St</b>		ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chronic Coronary heart disease</b>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) _____	
DUE TO (c) _____		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify)	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from _____, 19____, to <b>3-23</b> , 19 <b>49</b> , that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>Walter Phillip Deputy Coroner 3</b>		23b. ADDRESS <b>1300 Clark</b>	
23c. DATE SIGNED <b>3/24/49</b>		24. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	
24a. DATE <b>3-29-49</b>		24c. NAME OF CEMETERY OR CREMATORY <b>National Memorial St. Louis</b>	
24d. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR'S SIGNATURE <b>J. B. Lancaster</b>	
DATE REC'D BY LOCAL OFFICE <b>MAR 26 1949</b>		REGISTRAR'S SIGNATURE <b>J. H. Handle</b>	
ADDRESS <b>3133 Bell ave</b>		(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.....

Student Embalmer No. ~~21~~

working under my personal supervision.

Student .....  
Student Embalmer

Signed.....

Licensed Embalmer No. 21098

P. O. Address 2719 Chouteau

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.