

FILED OCT 13 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31853

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 8538

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 17	
d. FULL NAME OF HOSPITAL OR INSTITUTION 6407 West Court 1		d. STREET ADDRESS (If rural, give location) 6407 W. Court	

3. NAME OF DECEASED (Type or Print) Rebecca H. Hoover	a. (First)	b. (Middle) (Bessie) J	c. (Last) Hoover	4. DATE OF DEATH (Month) (Day) (Year) Oct 3 1949
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5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widow	8. DATE OF BIRTH Nov. 13, 1878	9. AGE (In years last birthday) 70	IF UNDER 1 YEAR Months 10 Days 20	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home		10b. KIND OF BUSINESS OR INDUSTRY none	11. BIRTHPLACE (State or foreign country) Jersey Shore Pennsylvania		12. CITIZEN OF WHAT COUNTRY? U.S.A	

13a. FATHER'S NAME David Barner	13b. MOTHER'S MAIDEN NAME not known	14. NAME OF HUSBAND OR WIFE Joseph C. Hoover
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Mrs Harley Morris	ADDRESS 6407 West Court
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1 day
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>infarct of Myocardium</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis of Coronary Artery</u> DUE TO (c) <u>Lymphosarcoma</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) No	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 942
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 4201
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22. I hereby certify that I attended the deceased from 7 Nov, 1948, to 3 Oct, 1949, that I last saw the deceased alive on 3 Sept, 1949, and that death occurred at 12:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Lois Cottrell</u> (Degree or title) M.D.	23b. ADDRESS 607 W. Grand St. Mo.	23c. DATE SIGNED 10/3/49
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24a. BURIAL, CREMATION, REMOVAL (Specify) removal	24b. DATE Oct. 5, 1949	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) Jersey Shore Pennsylvania
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DATE REC'D BY LOCAL REG. OCT 4 1949	REGISTRAR'S SIGNATURE J. B. Losater	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS A. Krowell Co 2707 N. Grand St
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(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.

working under my personal supervision.

Student
Student Embalmer

Signed Stanley H. Dinon

Licensed Embalmer No. 4193

P. O. Address St. Louis

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.