

MAR 28 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

10587

State File No. 2628

318

1002

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. 1002		Registrar's No. _____		
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. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		d. STREET ADDRESS (If rural, give location) <b>1008 Hodiament Ave</b>		
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>1008 Hodiament Ave.</b>				d. STREET ADDRESS (If rural, give location) <b>1008 Hodiament Ave</b>				
3. NAME OF DECEASED (Type or Print) <b>William H Hooper</b>			a. (First) <b>H</b>			b. (Middle) <b>Hooper</b>		
4. DATE OF DEATH <b>March 18 1950</b>			a. (Month) <b>March</b>			b. (Day) <b>18</b>		
5. SEX <b>Male</b>			6. COLOR OR RACE <b>White</b>			7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		
8. DATE OF BIRTH <b>Oct. 1, 1874</b>			9. AGE (In years last birthday) <b>75</b>			IF UNDER 1 YEAR Months Days		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Painter</b>			10b. KIND OF BUSINESS OR INDUSTRY _____			11. BIRTHPLACE (State or foreign country) <b>Nashville, Tenn.</b>		
12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>			13a. FATHER'S NAME <b>? Hooper</b>			13b. MOTHER'S MAIDEN NAME <b>Don't Know</b>		
14. NAME OF HUSBAND OR WIFE <b>Jessie Hooper</b>			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>			16. SOCIAL SECURITY NO. <b>492-12-1593</b>		
17. INFORMANT'S SIGNATURE OR NAME <b>Jessie Hooper</b>			17. ADDRESS <b>1008A Hodiament Ave.</b>			18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <b>Arterio sclerotic heart disease</b>		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Arterio sclerotic heart disease</b>			INTERVAL BETWEEN ONSET AND DEATH <b>1 year</b>			ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Generalized arterosclerosis</b> <b>year</b> DUE TO (c) <b>Serulicity</b> <b>3 years</b>		
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 <b>hour</b>		
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) <b>4200</b>			21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____			21e. INJURY OCCURRED WHILE AT WORK? <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
21f. HOW DID INJURY OCCUR? _____			22. I hereby certify that I attended the deceased from <b>March 1, 1949</b> , to <b>March 18, 1950</b> , that I last saw the deceased alive on <b>March 18, 1950</b> , and that death occurred at <b>12 P.M.</b> , from the causes and on the date stated above.			23a. SIGNATURE <b>George A. Dawson MD</b> (Degree or title)		
23b. ADDRESS <b>5203 Chipewa</b>			23c. DATE SIGNED <b>3/18/50</b>			24a. BURIAL CREMATION, REMOVAL (Specify) <b>Mar. 21, 1950</b>		
24b. DATE _____			24c. NAME OF CEMETERY OR CREMATORY <b>Valhalla Creatory</b>			24d. LOCATION (City, town, or county) (State) <b>St. Louis Co., Mo.</b>		
DATE REC'D BY LOCAL REG. <b>Mar 20 1950</b>			REGISTRAR'S SIGNATURE <b>J. B. Basler</b>			25. FUNERAL DIRECTOR'S SIGNATURE <b>Jos. W. Clark</b> ADDRESS <b>1125 Hodiament Ave</b>		

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

Dr. Damon

5203 Chippewa

Lo 5937

*S*

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 Me

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed Guy W Wilkinson

Licensed Embalmer No. 3575

P. O. Address St. Louis, 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.