S. No. 300
v. 10.48

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

FILED JUL 21 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24884

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 5749

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): De Paul Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St. Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ferguson Mo. 4041
d. STREET ADDRESS (If rural, give location): Hudson Rd.

3. NAME OF DECEASED (Type or Print)
a. (First): Richard
b. (Middle): James
c. (Last): Hohe

4. DATE OF DEATH (Month) (Day) (Year): July. 3, 1950

5. SEX: Male 6
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married
8. DATE OF BIRTH: October.5,1943
9. AGE (In years last birthday): 6 — IF UNDER 1 YEAR: Months 8, Days 28; IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): St. Louis Mo.
12. CITIZEN OF WHAT COUNTRY?: U

13a. FATHER'S NAME: Kenneth Hohe
13b. MOTHER'S MAIDEN NAME: Ruth M. McGraue
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):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Kenneth Hohe
ADDRESS: Fegurson Mo.

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fracture skull; Extradural Hematoma — INTERVAL BETWEEN ONSET AND DEATH: suffered about 1100 am July 2 1950

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
(b) deceased struck head on concrete foundation of house on Hudson Rd St Louis County when
~~DUE TO (c)~~ bicycle ridden by deceased got out of control

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: Accident 403
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT, SUICIDE, HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Road
21c. (CITY, TOWN, OR TOWNSHIP): St Louis (COUNTY): County (STATE): Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): July 2 50 1100 a m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: E 843

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 745A m., from the causes and on the date stated above.*

23a. SIGNATURE: Alfred Mary Lipuitsorm (Degree or title)
23b. ADDRESS: 1300 Clark
23c. DATE SIGNED: 7/5/50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7-5-50
24c. NAME OF CEMETERY OR CREMATORY: Calvary Cemetery
24d. LOCATION (City, town, or county) (State): St. Louis Missouri

DATE REC'D BY LOCAL REG.: JUL 3 1950
REGISTRAR'S SIGNATURE: J. B Lasater
25. FUNERAL DIRECTOR'S SIGNATURE: Chas. T. Stuart
ADDRESS: 1225 Union

(Licensed Embalmer's Statement on Reverse Side)

Name
Red

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 Clement McNeary

Licensed Embalmer No. 3732

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.