

FILED FEB 9 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2262

BIRTH NO. REG. DIST. NO. 806 PRIMARY REG. DIST. NO. 6048 Registrar's No. 3

1. PLACE OF DEATH a. COUNTY St. Charles		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Charles	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN O'Fallon		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN O'Fallon	
c. LENGTH OF STAY (in this place) 3 yrs.		d. STREET ADDRESS (If rural, give location) By-pass 40 Highway	
d. FULL NAME OF HOSPITAL OR INSTITUTION By pass 40 Highway			

3. NAME OF DECEASED (Type or Print) a. (First) Chester b. (Middle) Nur c. (Last) Hosack			4. DATE OF DEATH (Month) (Day) (Year) Jan. 31, 1951					
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 20, 1892	9. AGE (In years last birthday) 58	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cutter		10b. KIND OF BUSINESS OR INDUSTRY Neck-ties		11. BIRTHPLACE (State or foreign country) Rochester, Ind.		12. CITIZEN OF WHAT COUNTRY? U.S.A.		

13a. FATHER'S NAME Jesse Hosack		13b. MOTHER'S MAIDEN NAME Meta Martin		14. NAME OF HUSBAND OR WIFE Bessie E. Hosack	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None		16. SOCIAL SECURITY NO. 492-03-1028		17. INFORMANT'S SIGNATURE OR NAME Bessie E. Hosack ADDRESS O'Fallon, Mo. R#1 Box 15	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary artery thrombosis				INTERVAL BETWEEN ONSET AND DEATH 1 hr	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Atherosclerosis				3 mo.	
		DUE TO (c)					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				4201	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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)	
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?	

22. I hereby certify that I attended the deceased from **1-11**, 19**51**, to **1-31**, 19**51**, that I last saw the deceased alive on **1-31**, 19**51**, and that death occurred at **8:45 Pm.**, from the causes and on the date stated above.

23a. SIGNATURE **M. A. Decker M.D.** (Degree or title) 23b. ADDRESS **8924 St. Charles Rd. St. Louis 14, Mo.** 23c. DATE SIGNED **2-2-51**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **2-9-1951** 24c. NAME OF CEMETERY OR CREMATORY **Lake Charles Park** 24d. LOCATION (City, town, or county) (State) **Wellston, Mo.**

DATE REC'D BY LOCAL REG. **Feb 5 '51** REGISTRAR'S SIGNATURE **E. A. Keethley** 280 25. FUNERAL DIRECTOR'S SIGNATURE **Baumann Brothers Inc** ADDRESS **2504-Woodson Rd-Overland-14-Mo.**

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

920

File No. _____
DISTRICT HEALTH OFFICE No. 4

FEB - 7 1951

RECEIVED

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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 3454

working under my personal supervision.

Student Embalmer No.

Signed

David C. Gibson

Signed.....
Student Embalmer

Licensed Embalmer No. 3454

P. O. Address Oreland 14, 7

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.