No. 300
10.48

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Reg. # 22252
FILED MAR 30 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11096

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 762

1. PLACE OF DEATH
a. COUNTY: ST. LOUIS
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): JEFF BRKS MO
c. LENGTH OF STAY (In this place): 21 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VETS ADMIN HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RICHLAND 0850
d. STREET ADDRESS (If rural, give location): 1

3. NAME OF DECEASED (Type or Print)
a. (First): GEORGE
b. (Middle): (NMI)
c. (Last): HOKE

4. DATE OF DEATH (Month) (Day) (Year): 3-23-51

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: 8-21-90
9. AGE (In years last birthday): 60 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): R.R. Worker
10b. KIND OF BUSINESS OR INDUSTRY: ——
11. BIRTHPLACE (State or foreign country): LEBANON, MISSOURI
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: CORNELIUS HOKE
13b. MOTHER'S MAIDEN NAME: MINA BARKLEY
14. NAME OF HUSBAND OR WIFE: MAUD HOKE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): WWI
16. SOCIAL SECURITY NO.: 489 24 9626
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: VA HOSP. RECORDS, JEFF. BRKS, MO.

18. CAUSE OF DEATH — MEDICAL CERTIFICATION
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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CHRONIC ENDO-CARDITIS WITH CALCIFICATION TO THE AORTIC & MITRAL VALVES — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) PULMONARY INFARCTION
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
4214

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

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 [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

VA

22. *I hereby certify that I attended the deceased from* 3-2- *, 19* 51 *, to* 3-23 *, 19* 51 *, and that death occurred at* 12.25 P *m., from the causes and on the date stated above.*

23a. SIGNATURE: L.E. Stilwell, L.E. STILWELL M.D. (Degree or title)
23b. ADDRESS: VA HOSPITAL, JEFF. BRKS, MO.
23c. DATE SIGNED: 3-23-51

24a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
24b. DATE: 3-24-51
24c. NAME OF CEMETERY OR CREMATORY: LEBANON, Mo.
24d. LOCATION (City, town, or county) (State): LEBANON, MISSOURI

DATE REC'D BY LOCAL REG.: 3/24/51
REGISTRAR'S SIGNATURE: Hubert R. Lomber MD
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: C. HOFFMEISTER U&L CO., St. Louis, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

MAY 6 1953

WS JUL 1 3 1961

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 Linus C. Hoffmeister

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broadwa

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.