

S. No. 300
V. 10.48

FILED JUN 14 1951 STANDARD CERTIFICATE OF DEATH

State File No. 19003

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 2367

1. PLACE OF DEATH
a. COUNTY St. Louis

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before adjustment).
a. STATE Missouri b. COUNTY St. Louis

b. CITY (If outside corporate limits, write RURAL and give township) St. Ferdinand Twp
c. LENGTH OF STAY (in this place) 23 mo

c. CITY (If outside corporate limits, write RURAL and give township) Ferguson
d. STREET ADDRESS (If rural, give location) 251 Redmond Ave.

d. FULL NAME OF HOSPITAL OR INSTITUTION 2115 Kappel Drive
Halls Ferry Memorial Home

d. STREET ADDRESS (If rural, give location) 251 Redmond Ave.

3. NAME OF DECEASED (Type or Print)
a. (First) John b. (Middle) Thomas c. (Last) Hooker

4. DATE OF DEATH (Month) (Day) (Year)
June 6, 1951

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower

8. DATE OF BIRTH Dec. 20, 1861

9. AGE (In years last birthday) 89

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Builder (Retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Scottsville, Missouri

12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME John B. Hooker

13b. MOTHER'S MAIDEN NAME Unknown

14. NAME OF HUSBAND OR WIFE Hattie M. Hooker (Dec'd)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no

16. SOCIAL SECURITY NO. none

17. INFORMANT'S SIGNATURE OR NAME & ADDRESS
Glen Hooker, Ferguson, Missouri

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, ashenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral thrombosis
ANTECEDENT CAUSES
DUE TO (b) Mitral stenosis
DUE TO (c) Arteriosclerotic Heart disease
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH
1 month
3 years
5 years

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION
H20.0

20. AUTOPSY?
YES 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)

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 14, 1949, to June 6, 1951, that I last saw the deceased alive on June 5, 1951, and that death occurred at 8:15 Am., from the causes and on the date stated above.

23a. SIGNATURE Lewis Littman MD (Degree or title)

23b. ADDRESS 8231 Clayton Rd (17)

23c. DATE SIGNED 6/6/51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 6/8/51

24c. NAME OF CEMETERY OR CREMATORY Dry Ridge Cemetery

24d. LOCATION (City, town, or county) (State) Browning, Missouri

DATE REC'D BY LOCAL REG. 6-6-51

REGISTRAR'S SIGNATURE Herbert P. Lomke MD

25. FUNERAL DIRECTOR'S SIGNATURE & ADDRESS Wade Funeral Home, Browning, Mo.

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

4500

4

231 Clayton Rd.

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 *R. M. White* _____

Licensed Embalmer No. *3973* _____

P. O. Address *Bergman, 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.