S. No. 300
Rev. 10-48

FILED MAR 29 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11404

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 571

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Koch
c. LENGTH OF STAY (In this place): 0/8 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Robert Koch Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: 22
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
d. STREET ADDRESS (If rural, give location): 2335 No. Market 2229

3. NAME OF DECEASED (Type or Print)
a. (First): HOWARD
b. (Middle): Roy
c. (Last): HOSE

4. DATE OF DEATH (Month) (Day) (Year): 2-28-52

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 9-3-09
9. AGE (In years last birthday): 42 | 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): Truck Driver
10b. KIND OF BUSINESS OR INDUSTRY: Truck
11. BIRTHPLACE (State or foreign country): St. Louis, Mo.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Charles Hose
13b. MOTHER'S MAIDEN NAME: Nellie Mitchell
14. NAME OF HUSBAND OR WIFE: Rose Hose

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 491-14-4748
17. INFORMANT'S SIGNATURE OR NAME: Records of Robert Koch Hosp.
ADDRESS: Koch, 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) Hemorrhage with Shock — INTERVAL BETWEEN ONSET AND DEATH: 1 hour

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

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Pulmonary Tuberculosis — 2½ yrs

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 977XA
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Suicide
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Koch Hospital
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Koch, St. Louis Co, Missouri
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 2-28-52 1:45 p.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑
21f. HOW DID INJURY OCCUR?: Cut self with pen knife

22. *I hereby certify that I attended the deceased from* 10-3, 1950, *to* 2-28, 1952, *that I last saw the deceased alive on* 2-28, 1952, *and that death occurred at* 2:45 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): John Niederwieser, M.D.
23b. ADDRESS: Robert Koch Hosp. Koch, Mo
23c. DATE SIGNED: 3-1-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 03-3-52
24c. NAME OF CEMETERY OR CREMATORY: Friedens
24d. LOCATION (City, town, or county) (State): St Louis Mo

DATE REC'D BY LOCAL REG.: 3-1-52
REGISTRAR'S SIGNATURE: Herbert R. Domke MD
25. FUNERAL DIRECTOR'S SIGNATURE: St. Louis Funeral Home
ADDRESS: 2205 St Louis Ave
(Licensed Embalmer's Statement on Reverse Side)

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

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.

Signed G. W. Wilkerson

Signed .....
Student Embalmer

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.