

SEP 8 - 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29599

8125

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
b. CITY OR TOWN St Louis		a. STATE Missouri b. COUNTY 2249	
c. LENGTH OF STAY (in this place)		c. CITY OR TOWN St Louis d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3318a Iowa Av		24 3318a Iowa Av	

3. NAME OF DECEASED (Type or Print)	a. (First) Mary	b. (Middle)	c. (Last) Hora	4. DATE OF DEATH (Month) (Day) (Year)
				Aug 26 1952

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov 21 1880	9. AGE (In years last birthday) 71	IF UNDER 1 YEAR (Months)	IF UNDER 1 YEAR (Days)	IF UNDER 1 HR. (Hours)	IF UNDER 1 HR. (Min.)
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) St Louis Missouri	12. CITIZEN OF WHAT COUNTRY? U S
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13a. FATHER'S NAME Henry Bockstruck	13b. MOTHER'S MAIDEN NAME Katherine Holstein	14. NAME OF HUSBAND OR WIFE Joseph Hora
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Joseph Hora 3318a Iowa Av
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion		24 hrs
	ANTECEDENT CAUSES DUE TO (b) _____ Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Generalized arteriosclerosis			4 1/2 hr +

19a. DATE OF OPERATION None	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) No	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 4221
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22. I hereby certify that I attended the deceased from **August 5, 1952**, to **August 26, 1952**, that I last saw the deceased alive on **August 26, 1952**, and that death occurred at **2 P m.**, from the causes and on the date stated above.

23a. SIGNATURE Bernard T. Koon (Degree or title) MD	23b. ADDRESS 475 Morganford Hwy	23c. DATE SIGNED 8/27/52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 8/30/52	24c. NAME OF CEMETERY OR CREMATORY New St Marcus Cemetery	24d. LOCATION (City, town, or county) (State) St Louis Mo.
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DATE REC'D BY LOCAL REG. AUG 27 1952	REGISTRAR'S SIGNATURE J. Carl Smith MD	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Moydell Funeral Home 1926 Allen Av
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mgo (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 me

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Dale O. Strawn

Licensed Embalmer No. 45-33

P. O. Address 1926 Allen

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.

E V O R F.