

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39853

State File No.

FILED DEC 8 1952

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BIRTH NO. 78491 REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058 Registrar's No. 248

1. PLACE OF DEATH a. COUNTY <u>St Charles</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St Charles</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>St Charles</u>		c. LENGTH OF STAY (in this place) <u>30 min.</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>St Charles</u> <u>0923</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Joseph Hospital</u>			d. STREET ADDRESS (If rural, give location) <u>704 Harvester Road</u>		

3. NAME OF DECEASED (Type or Print) <u>Roger</u>		a. (First) <u>William</u>	b. (Middle) <u>Hockmeyer</u>	c. (Last) <u>Hockmeyer</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 2 1952</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>		8. DATE OF BIRTH <u>Dec. 2 1952</u>	9. AGE (In years last birthday) <u>0</u>	IF UNDER 1 YEAR Months <u>0</u>	IF UNDER 48 HRS. Hours <u>30</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>St Charles</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

13a. FATHER'S NAME <u>James Hockmeyer</u>		13b. MOTHER'S MAIDEN NAME <u>Virginia Maddox</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>NO.</u>		17. INFORMANT'S SIGNATURE OR NAME <u>James Hockmeyer 704 Harvester Rd.</u>	

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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Asphyxiation</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Premature separation of placenta</u>		
	DUE TO (c) <u>Prematurity 7 months</u>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION.	

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? <u>7615</u>	

22. I hereby certify that I attended the deceased from Birth Dec 19 52 to Dec 2, 1952, that I last saw the deceased alive on 12-2-, 1952, and that death occurred at 8:40A m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u>		23b. ADDRESS <u>14 N. Main St. Charles Mo 63010</u>	23c. DATE SIGNED <u>12-2-52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Dec 3 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Hill Crest Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Fulton Mo.</u>

DATE REC'D BY LOCAL REG. <u>Dec 2 52</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>	ADDRESS <u>St Charles Mo</u>
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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.

Student
Student Embalmer

Signed *Arthur C. Shaw*

Licensed Embalmer No. 3155

P. O. Address *St Charles 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.