

STANDARD CERTIFICATE OF DEATH

State File No. **15818**
Registrar's No. **3872**

FILED APR 23 1953

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) St Louis MO		c. CITY (If outside corporate limits, write RURAL and give township) St Louis 2219	
c. LENGTH OF STAY (In this place) 6mo		d. STREET ADDRESS (If rural, give location) 2726 1/2 Cole 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION St Louis State Hosp			

3. NAME OF DECEASED (Type or Print) a. (First) OT TO EDWARD b. (Middle) HOOKS c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) 4 9th 1953		
5. SEX Male		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	
8. DATE OF BIRTH 3-18-1912		9. AGE (In years last birthday) 41		10. UNDER 1 YEAR Days 21	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, except retired) freight handler		10b. KIND OF BUSINESS OR INDUSTRY Freight house		11. BIRTHPLACE (State or foreign country) Memphis TENN		12. CITIZEN OF WHAT COUNTRY? USA	
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13a. FATHER'S NAME FED HOOKS		13b. MOTHER'S MAIDEN NAME MARTHA POLK		14. NAME OF HUSBAND OR WIFE Bessie HOOKS	
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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. 499-01-5798		17. INFORMANT'S SIGNATURE OR NAME Bessie HOOKS		ADDRESS 2616 Cole	
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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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary congestion 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) Cardiac Hypertrophy DUE TO (c) Hydro-Therapy			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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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)	
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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? 4343	
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **4:45** m., from the causes and on the date stated above.

23a. SIGNATURE Patrick E. Taylor (Degree or title) Coroner		23b. ADDRESS 1300 Clark		23c. DATE SIGNED 4.14.53	
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24a. BURIAL, CREMATION, REMOVAL		24b. DATE 4/15/53		24c. NAME OF CEMETERY OR CREMATORY Greenwood Cem		24d. LOCATION (City, town, or county) (State) St Louis MO	
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DATE REC'D BY LOCAL REG. APR 14 1953		REGISTRAR'S SIGNATURE J. Carl Smith MD		25. FUNERAL DIRECTOR'S SIGNATURE Clarence Newton		ADDRESS 2812 Howard	
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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 _____

working under my personal supervision.

Signed.....
Student Embalmer

Signed *Theodore J. Yandell*
Student Embalmer No.....

Licensed Embalmer No. *4243*

P. O. Address *130 Eldridge Ave*

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.

Arthur Graves
1971/10/11