

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED NOV 24 1953

State File No. **40602**  
**10679**  
Registrar's No.

REG. DIST. NO. **318**

PRIMARY REG. DIST. NO. **1003**

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>40602</b> <b>10679</b>	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. LOUIS</b>		c. LENGTH OF STAY (In this place) <b>1 WEEK</b>		c. CITY OR TOWN <b>ST. LOUIS</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>MISSOURI BAPTIST HOSPITAL</b>				e. STREET ADDRESS (If rural, give location) <b>3650 SHAW AVE</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>HARRY</b>		b. (Middle) <b>HERBERT</b>		c. (Last) <b>HOADLEY</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Nov. 9, 1953</b>	
5. SEX <b>MALE</b>		6. COLOR OR RACE <b>WHITE</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>		8. DATE OF BIRTH <b>SEPT. 7, 1869</b>	
9. AGE (In years last birthday) <b>84</b>		10. UNDER 1 YEAR Months _____ Days _____		11. UNDER 1 HRS. Hours _____ Mins. _____		9. AGE (In years last birthday) <b>84</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RETIRED JAWESMAN</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>SHOE DEPT. BOYS</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>CHICAGO, ILLINOIS</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>UNKNOWN HOADLEY</b>		13b. MOTHER'S MAIDEN NAME <b>HANNAH MORGAN</b>		14. NAME OF HUSBAND OR WIFE <b>MARY ELIZABETH HOADLEY</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>		16. SOCIAL SECURITY NO. <b>491-12-8672</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>MRS MARY ELIZABETH HOADLEY 3650 SHAW AVE</b>			
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) <b>Hypostatic Bronchopneumonia</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Seriously &amp; Generalized Arteriosclerosis</b>				INTERVAL BETWEEN ONSET AND DEATH <b>2 days</b>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)		21f. HOW DID INJURY OCCUR? <b>522K</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. I hereby certify that I attended the deceased from <b>10-28</b> , 19 <b>52</b> , to <b>11-9</b> , 19 <b>53</b> , that I last saw the deceased alive on <b>11-9</b> , 19 <b>52</b> , and that death occurred at <b>3:05 P.</b> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>G. E. Nerblin M.D.</b>		23b. ADDRESS <b>3507 Poloma</b>		23c. DATE SIGNED <b>11-10-53</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>CREMATION</b>		24b. DATE <b>NOV. 11, 1953</b>		24c. NAME OF CEMETERY OR CREMATORY <b>MISSOURI CREMATORY</b>		24d. LOCATION (City, town, or county) (State) <b>ST. LOUIS Mo.</b>	
DATE REC'D BY LOCAL REG. <b>NOV 10 1953</b>		REGISTRAR'S SIGNATURE <b>J. Carl Smith M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Wm. J. Robert L. + U. Co.</b>		ADDRESS <b>1905 So. GRAND BLVD.</b>	

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.....  
Signature of Student Embalmer

Signed.....  
*Albert Mayfield*

Licensed Embalmer No. *30*  
P. O. Address *St. Louis*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.