

## STANDARD CERTIFICATE OF DEATH

State File No. 2916

FILED FEB 2 1954

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 0688

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Ohio b. COUNTY Montgomery			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN St. Louis, Mo.)		c. LENGTH OF STAY (in this place) DOA.		c. CITY OR TOWN Dayton		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Louis, City Hospital				e. STREET ADDRESS (If rural, give location) 101 Anna St. 8340			
3. NAME OF DECEASED (Type or Print) a. (First) Charles		b. (Middle) L.		c. (Last) Hosack		4. DATE OF DEATH (Month) (Day) (Year) Jan. 18, 1954.	
5. SEX Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Jan. 2, 1892	
9. AGE (In years last birthday) 62		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman		10b. KIND OF BUSINESS OR INDUSTRY Miami Paper Co.		11. BIRTHPLACE (City and State or Foreign Country) Clarion County, Pa.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Finely Hosack		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Clara Hosack (DCSD)	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No. Nil.		16. SOCIAL SECURITY NO. 487-24-1874		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Kenneth L. Hosack, 1015 VonCaisen Richland Wash.			
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) ANTECEDENT CAUSES DUE TO (b) Pulmonary Edema DUE TO (c) Cardiac Hypertrophy II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) 1		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) m.		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 4343			
22. I hereby certify that I attended the deceased from 19 <u>19</u> , to 19 <u>19</u> , that I last saw the deceased alive on 19 <u>19</u> , and that death occurred at <u>11:01</u> p.m., from the causes and on the date stated above.							
23a. SIGNATURE (Print name or title) Patrick E. Taylor Coroner				23b. ADDRESS 1300 Clark		23c. DATE SIGNED 1. 22. 54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 1-22-54		24c. NAME OF CEMETERY OR CREMATORY LaHarpe Cemetery		24d. LOCATION (City, town, or county) (State) LaHarpe Kansas	
DATE REC'D BY LOCAL REG. JAN 22 1954		REGISTRAR'S SIGNATURE J. Carl Smith mds		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe 4700 Washington.			

(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..

Student.....  
Signature of Student Embalmer

Signed..... *W. W. Wilkinson*

Licensed Embalmer No..... *3*

P. O. Address..... *N. C.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.