

FILED AUG 11 1954

STANDARD CERTIFICATE OF DEATH

State File No. 25669

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>347</u>		Registrar's No. <u>1651</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: evidence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Richmond Heights</u>		c. LENGTH OF STAY (In this place) <u>10 Days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clayton Mo.</u>		400 2	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Mary's Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>8000 Rosiline Drive</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Albert</u>		b. (Middle) _____		c. (Last) <u>Hooss</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>7 9 54</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>7-13-81</u>	
9. AGE (In years last birthday) <u>72</u>		IF UNDER 1 YEAR Months <u>11</u> Days <u>26</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Doctorist</u>		11. BIRTHPLACE (State or foreign country) <u>Perryville</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Doctorist</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Occulist</u>		11. BIRTHPLACE (State or foreign country) <u>Perryville</u>		12. CITIZEN OF WHAT COUNTRY? <u>US</u>	
13a. FATHER'S SNAME <u>John Hooss</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Kiesler</u>		14. NAME OF HUSBAND OR WIFE <u>Minnie Urban Hooss</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes World War I</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Minnie Hooss</u>		ADDRESS <u>8000 Rosiline Dr</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.				MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>myocardial decompensation</u>				INTERVAL BETWEEN ONSET AND DEATH <u>8 years</u>			
ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) <u>failure - autolytic cerebral disease</u> 1 year				DUE TO (c) _____			
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 type="checkbox"/> NO <input checked="" type="checkbox"/>		4200					
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?			
22. I hereby certify that I attended the deceased from <u>Dec 5</u> 19 <u>53</u> , to <u>7-9</u> 19 <u>54</u> , that I last saw the deceased alive on <u>July 8</u> , 19 <u>54</u> , and that death occurred at <u>4 a. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Fred Keamer M. D.</u>				23b. ADDRESS <u>4161 Lindell</u>		23c. DATE SIGNED <u>7-9-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7-12-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>7800 St. Charles Rock Rd.</u>	
DATE REC'D BY LOCAL REG. <u>7/12/54</u>		REGISTRAR'S SIGNATURE <u>Richard R. Somber</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Ambruster Mortuary 6633 Clayton Rd.</u>			

(Licensed Embalmer, 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 _____

working under my personal supervision.

Student Embalmer No.

Signed

Ernest W. Spillers

Signed.....

Student Embalmer

Licensed Embalmer No. *4080*

P. O. Address _____

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.