

FILED MAR 31 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9731

2574

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____											
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) OR TOWN ST. LOUIS		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>											
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. LOUIS CITY HOSPITAL				STREET ADDRESS (If rural, give location) 919 Geyer Ave. (rear)				2239									
3. NAME OF DECEASED (Type or Print)			a. (First) EDWARD			b. (Middle) _____			c. (Last) HOGER			4. DATE OF DEATH (Month) (Day) (Year) MARCH 21, 1955					
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Sept. 5, 1875		9. AGE (in years last birthday) 79		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____					
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Unemployed (10 Yrs.)				10b. KIND OF BUSINESS OR INDUSTRY Buhmiller Rty. Co.				11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri				12. CITIZEN OF WHAT COUNTRY? U.S.A.					
13a. FATHER'S NAME Unknown				13b. MOTHER'S MAIDEN NAME Unknown				14. NAME OF HUSBAND OR WIFE May Hoger									
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Unknown				16. SOCIAL SECURITY NO. 493-01-7868				17. INFORMANT'S SIGNATURE OR NAME Mary M. Blazicek				ADDRESS 6041 Fyler Ave.					
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, asthemia, etc. It means the disease, injury, or complication which caused death.				<p align="center">MEDICAL CERTIFICATION</p> <p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Vasomotor Accident</p> <p>ANTECEDENT CAUSES DUE TO (b) Arteriosclerosis, generalized</p> <p>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</p> <p>DUE TO (c) _____</p> <p>II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.</p>								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)				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? 331X									
22. I hereby certify that I attended the deceased from 3-19-55 , 19____, to 3-21-55 , 19____, that I last saw the deceased alive on 3-21-55 , 19____, and that death occurred at 6:35A.M. , from the causes and on the date stated above.																	
23a. SIGNATURE Leo P. [Signature]						23b. ADDRESS 1515 Lafayette Avenue						23c. DATE SIGNED 3-21-55					
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal				24b. DATE Mar. 23, 1955				24c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park				24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri					
DATE REC'D BY LOCAL REG. MAR 22 1955				REGISTRAR'S SIGNATURE J. Carl Smith MD				25. FUNERAL DIRECTOR'S SIGNATURE Wacker-Heldert				ADDRESS 3634 Gravois Ave.					

WRITE PLAINLY--USING UNFAADING BLACK INK--MAKE A PERMANENT RECORD

(Licensed Embalmer's Statement on Reverse Side)

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.....

Frank J. Paul
Licensed Embalmer No. *26*
P. O. Address *Orion*

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.