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FILED DEC 13 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39127**

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **541** Registrar's No. **2753**

1. PLACE OF DEATH
a. COUNTY **St. Louis**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE **Mo.**
b. COUNTY _____

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Clayton**

c. LENGTH OF STAY (in this place) **1 Week**

c. CITY OR TOWN **St. Louis**
d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION **#40 Hillvale Dr.**

e. STREET ADDRESS (If rural, give location) **3921 Fillmore Ave.** *2001*

3. NAME OF DECEASED (Type or Print)
a. (First) **ALBERT**
b. (Middle) **E.**
c. (Last) **HOSTO**

4. DATE OF DEATH (Month) (Day) (Year)
Nov. 22 1955

5. SEX **Male**

6. COLOR OR RACE **White**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Widower**

8. DATE OF BIRTH **Nov. 18, 1871**

9. AGE (In years last birthday) **84**
IF UNDER 1 YEAR: Months _____ Days _____
IF UNDER 12 HRS: Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Produce Merchant**

10b. KIND OF BUSINESS OR INDUSTRY **Retired Produce**

11. BIRTHPLACE (City and State or Foreign Country) **Missouri**

12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **Rev. E. J. Hosto**

13b. MOTHER'S MAIDEN NAME **Eliza C. Kamphoeffner**

14. NAME OF HUSBAND OR WIFE **Late Wilhelmine Hosto**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) **No**
(If yes, give date of service) **None**

16. SOCIAL SECURITY NO. **None**

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
Dr. Leland E. Hosto #40 Hillvale Dr.

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) **Carcinoma of sigmoid colon**
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.

INTERVAL BETWEEN ONSET AND DEATH **6 mo.**

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION **153x**

20. AUTOPSY? YES NO

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) (Min.)

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **March 1953** to **11-22, 1955**, that I last saw the deceased alive on **11-19, 1955** and that death occurred at **9:00 P** m., from the causes and on the date stated above.

23a. SIGNATURE **R. B. Harrison MD** (Degree or title)

23b. ADDRESS **607 W. Grand**

23c. DATE SIGNED **11-23-55**

24a. BURIAL, CREMATION, REMOVAL (Specify) **BURIAL**

24b. DATE **Nov. 25, 1955**

24c. NAME OF CEMETERY OR CREMATORY **Sunset Burial Park**

24d. LOCATION (City, town, or county) (State) **St. Louis Co. Mo.**

DATE REC'D BY LOCAL REG. **11-23-55** REGISTRAR'S SIGNATURE **Heber R. ...**

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **Friegshauser 4228 S. Kingshighway Bl.**

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 *William A. White*.....

Licensed Embalmer No. *428*

P. O. Address *528 S. 1st St.*

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.