FILED MAR 22 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10868

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 2209

1. PLACE OF DEATH
a. COUNTY

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
c. LENGTH OF STAY (in this place): 75 Years

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 4135 West Kossuth Avenue, 15

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

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

STREET ADDRESS (If rural, give location): 10 4135 W. Kossuth Avenue, 15 2109

3. NAME OF DECEASED (Type or Print)
a. (First): EDWARD
b. (Middle): C.
c. (Last): HOAGLAND

4. DATE OF DEATH (Month) (Day) (Year): Feb. 29th, 1956

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: March 18th, 1874
9. AGE (In years last birthday): 81 — 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): Retired Railroadman
10b. KIND OF BUSINESS OR INDUSTRY: Terminal RR.
11. BIRTHPLACE (City and State or Foreign Country): Philadelphia, Pennsylvania
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Unknown
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND OR WIFE: Ida Hoagland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Ida Hoagland, 4135 West Kossuth Avenue, 15 — ADDRESS

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 1 hr

ANTECEDENT CAUSES — Generalized arteriosclerosis

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Generalized Arteriosclerosis — 10 yrs

DUE TO (c) Bronchial Asthma

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Bronchial Asthma — 10 yrs

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION: 331X
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): 0
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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Mar 1956 *to* 29 Feb 1956, *that I last saw the deceased alive on* 27 Feb 1956, *and that death occurred at* 5:30 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE H.K. Echterhoff (Degree or title): H K Echterhoff MD
23b. ADDRESS: 634 N. Grand
23c. DATE SIGNED: 2/29/56

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 3/2/56
24c. NAME OF CEMETERY OR CREMATORY: St. Peters Cemetery
24d. LOCATION (City, town, or county) (State): St. Louis County, Missouri

DATE REC'D BY LOCAL REG.: MAR 2 1956
REGISTRAR'S SIGNATURE: J Carl Smith MD MJB
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: CALVIN F. FEUTZ, 4828 Natural Bridge Blvd., FUNERAL HOME, INC., St. Louis, 15, Missouri,

(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 er

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed...Ralph C. Linders.....

Licensed Embalmer No...4

P. O. Address St. Lou

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.