

FILED MAR 22 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10901

State File No.

318

1003

Registrar's No. 2567

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.		
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY				
b. CITY OR TOWN <i>St. Louis</i>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <i>St. Louis</i>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>4527 Forest Park Blvd.</i>				e. STREET ADDRESS (If rural, give location) <i>19 4527 Forest Park Blvd. 21970</i>				
3. NAME OF DECEASED (Type or Print) a. (First) <i>Harriett</i> b. (Middle) c. (Last) <i>Hoyer</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>March 11 1956</i>					
5. SEX <i>Female</i>		6. COLOR OR RACE <i>White</i>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Widow</i>		8. DATE OF BIRTH <i>Sept 7, 1873</i>		
9. AGE (In years last birthday) <i>82</i>		IF UNDER 1 YEAR Days <i>6</i> Hours <i>4</i>		IF UNDER 24 HRS. Hours <i>4</i> Min.				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <i>Greenville Illinois</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13a. FATHER'S NAME <i>John Gordon</i>			13b. MOTHER'S MAIDEN NAME <i>Harriett Gordon</i>		14. NAME OF HUSBAND OR WIFE <i>Les Hoyer</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>no</i> (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OF NAME AND ADDRESS <i>Mrs. Frazier 4527 Forest Park Blvd</i>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)								
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u>								
ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. Morbid conditions, if any, giving DUE TO (b) _____ rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____								
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Chronic Parenchymatous Nephritis 10 yrs</u>								
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <i>422.2</i>					20. AUTOPSY? YES <input 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) (Min.)		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>June</u> , 19 <u>52</u> , to <u>March 8</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>March 8, 1956</u> , and that death occurred at <u>9A:</u> m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <i>O. D. Meyer, M.D.</i>				23b. ADDRESS <i>O. D. Meyer, M.D. 6029 S. Kingshighway R1</i>		23c. DATE SIGNED <i>Mar 12, 56</i>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>March 15, 1956</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Valhalla Cemetery</i>		24d. LOCATION (City, town, or county) (State) <i>St. Charles Rock Rd. Mo.</i>		
DATE REC'D BY LOCAL REG. <i>MAR 12 1956</i>		REGISTRAR'S SIGNATURE <i>J. Carl Smith</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>W. B. Campbell</i>		ADDRESS <i>5165 Delwood</i>		
(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 *Gustav W. Dick*.....

Licensed Embalmer No. *45*.....

P. O. Address *St. Louis*.....

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.