

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

10902

State File No. ....

FILED MAR 22 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **2255**

<b>1. PLACE OF DEATH</b> a. COUNTY _____ b. CITY (If outside corporate limits, write RURAL and give town(ship)) OR TOWN <b>St. Louis, Mo.</b> c. LENGTH OF STAY (in this place) <b>3 days</b> d. FULL NAME OF HOSPITAL OR INSTITUTION <b>BARNES HOSPITAL</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <b>Illinois</b> b. COUNTY <b>Madison</b> c. CITY OR TOWN <b>Madison</b> d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> • STREET ADDRESS (If rural, give location) <b>510a State 812<sup>0</sup> 8</b>	
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<b>3. NAME OF DECEASED</b> (Type or Print) <b>Charles</b>	a. (First) _____ b. (Middle) <b>NMN</b> c. (Last) <b>Hoyt</b>	<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>March 2, 1956</b>
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<b>5. SEX</b> <b>Male</b>	<b>6. COLOR OR RACE</b> <b>White</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>Widowed</b>	<b>8. DATE OF BIRTH</b> <b>Nov. 16, 1872</b>	<b>9. AGE</b> (In years last birthday) <b>83</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Retired Painter</b>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>Painting</b>	<b>11. BIRTHPLACE</b> (City and State or Foreign Country) / <b>Laconia New Hampshire</b> <b>12. CITIZEN OF WHAT COUNTRY?</b> <b>U.S.A.</b>
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<b>13a. FATHER'S NAME</b> <b>unknown</b>	<b>13b. MOTHER'S MAIDEN NAME</b> <b>unknown</b>	<b>14. NAME OF HUSBAND OR WIFE</b> <b>unknown</b>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	<b>16. SOCIAL SECURITY NO.</b> <b>none</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Christopher Cosmanis</b> <b>ADDRESS</b> <b>Madison, Ill.</b>
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<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)	<p style="text-align: center;"><b>MEDICAL CERTIFICATION</b></p> <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Inter Cerebral Hemorrhage</b> <b>ANTECEDENT CAUSES</b> *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. DUE TO (b) <b>Arteriosclerosis</b> DUE TO (c) _____ <b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.	<b>INTERVAL BETWEEN ONSET AND DEATH</b> <b>24 hrs.</b> <b>20 yrs.</b>
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<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b> <b>331x</b>	<b>20. AUTOPSY?</b> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify) _____	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> _____
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<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (m.) _____	<b>21e. INJURY OCCURRED WHILE AT</b> <input type="checkbox"/> NOT WHILE <input type="checkbox"/> AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b> _____
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**22. I hereby certify that I attended the deceased from Feb. 28, 1956, to Mar 2, 1956, that I last saw the deceased alive on Mar. 2, 1956, and that death occurred at 8:50A m., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> <i>D. V. Bradley</i> (Degree or title) <b>M. D.</b>	<b>23b. ADDRESS</b> <b>BARNES HOSPITAL</b>	<b>23c. DATE SIGNED</b> <b>3/2/56</b>
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>Re-removal</b>	<b>24b. DATE</b> <b>3/2/56</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Sunset Hill</b>	<b>24d. LOCATION</b> (City, town, or county) (State) <b>Madison, Illinois</b>
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<b>DATE REC'D BY LOCAL REG.</b> <b>MAR 3 1956</b>	<b>REGISTRAR'S SIGNATURE</b> <i>J. Earl Smith - MD</i>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>ADDRESS</b> <i>John J. Sedlack</i> <b>Madison, Illinois</b>
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(Licensed Embalmer's Statement on Reverse Side)

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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 *John T Sedlac*  
Licensed Embalmer No. *371*  
P. O. Address *Madison*

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.