

FILED JUN 20 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21894**
5508
Registrar's No.

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 (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		d. STREET ADDRESS (If rural, give location) 5018 Landsdowne Ave.			
d. FULL NAME OF HOSPITAL OR INSTITUTION 5018 Landsdowne Ave.				d. STREET ADDRESS (If rural, give location) 5018 Landsdowne Ave.					
3. NAME OF DECEASED (Type or Print) a. (First) WASYL			b. (Middle) (HUK)		c. (Last) HOOK		4. DATE OF DEATH (Month) (Day) (Year) June, 8, 1956		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Dec. 3, 1878		9. AGE (In years last birthday) 77 If under 1 year: Months _____ Days _____ If under 1 hr.: Hours _____ Mins. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer-Retired				10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) Austria-Hungary		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Theodore Hook			13b. MOTHER'S MAIDEN NAME Rose ?			14. NAME OF HUSBAND OR WIFE Katherine Hook			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. 488-09-3166		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Katherine Hook 5018 Landsdowne				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinomatosis ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) Advanced Carcinoma Stomach DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> 151x						INTERVAL BETWEEN ONSET AND DEATH _____	
19a. DATE OF OPERATION Feb 1956		19b. MAJOR FINDINGS OF OPERATION For advanced Carcinoma Stomach						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 Feb 1956 to June 8, 1956 , that I last saw the deceased alive on June 7, 1956 , and that death occurred at 7:45 a.m. , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) Elbert H. Cason, M.D.				23b. ADDRESS 3606 Devores			23c. DATE SIGNED 6/8/56		
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 6/11/56		24c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.			
DATE REC'D BY LOCAL REG. JUN 9 1956		REGISTRAR'S SIGNATURE J. Earl Smith MD			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS CHULICK UND. CO. 1722 S. Jefferson				

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
Student Embalmer

Signed.....

Bece E. Hoffmann

Licensed Embalmer No. _____

4366

P. O. Address _____

St Louis Mo

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 this body is not embalmed, fact should be so stated above.