

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15409

FILED APR 26 1957

STATE FILE NUMBER
3504

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **3504**

Health,
& Welfare
Public
Service

S. 300
v. 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Louis
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION D.O.A. St. Johns Hospital		Length of stay in lb 2 3/4	d. STREET ADDRESS (If outside, give location) 7155 Winona ave.
3. NAME OF DECEASED (Type or print) James <i>First</i> Hoy <i>Middle</i> Wagner <i>Last</i>		4. DATE OF DEATH Month April Day 11 Year 1957	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH October 24, 1889
9. AGE (In years last birthday) 67		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) Freight Handler		10b. KIND OF BUSINESS OR INDUSTRY Hussman-Roper Freight Lines	11. BIRTHPLACE (City and state or country) Paragould, Ark.
12. CITIZEN OF WHAT COUNTRY? USA.		13. FATHER'S NAME Unknown Haines	
14. MOTHER'S MAIDEN NAME Unknown Lemen		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. 494-10-7803		17. INFORMANT Mrs. Marie R. Wagner Address 7155 Winona ave.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) acute coronary thrombosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) atherosclerotic coronary artery disease DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 420.1			INTERVAL BETWEEN ONSET AND DEATH abt. 4 hrs. unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a. m. _____ p. m. _____	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY	
20g. STATE		21. I attended the deceased from Jan. 11, 1956 to Apr. 11, 1957 and last saw her alive on 4-11-57 Death occurred at 9:30 a. m. on the date stated above; and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) Arthur K. Dushek MD		22b. ADDRESS 7500 Vandiver, St. Louis 19	
22c. DATE SIGNED 4-11-57		23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	
23b. DATE April 13, 1957		23c. NAME OF CEMETERY OR CREMATORY New St. Marcus Cemetery	
23d. LOCATION (City, town, or county) St. Louis, Mo.		23e. STATE (State)	
24. FUNERAL DIRECTOR C. Hoffmeister Colonial Mortuary 6164 Chippewa St.		25. DATE RECD. BY LOCAL REG. APR 12 '57	
26. REGISTRAR'S SIGNATURE J. Carl Smith, MD <i>mjs</i>			

(Licensed Embalmer's Statement on Reverse Side)

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 *Bill C. Branson*

Licensed Embalmer No. *476*

P. O. Address *St Louis*

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.