

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUL 26 1957

State File No. **26209**
Registrar's No. **6655**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH
a. COUNTY _____

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE **Illinois** b. COUNTY **St Clair**

b. CITY (If outside corporate limits, write RURAL and give township) **St Louis Mo**

c. CITY OR TOWN **Esthous** d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION **St Mary's Infirmary**

e. STREET ADDRESS (If rural, give location) **1021 1/2 Gaty 81208**

3. NAME OF DECEASED
a. (First) **Henry** b. (Middle) **Lee** c. (Last) **Hooks**

4. DATE OF DEATH (Month) (Day) (Year) **7-5-57**

5. SEX **male** 6. COLOR OR RACE **Negro**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH **7-5-57**

9. AGE (in years last birthday) **5** 10. If UNDER 1 YEAR Months Days **5** 11. If UNDER 100 HOURS Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and State or Foreign Country) **St Louis Mo**

12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **Booker T Hooks**

13b. MOTHER'S MAIDEN NAME **Johnnie Mae Clark**

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT'S SIGNATURE OR NAME **Hospital Records** 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) **ASPIRATION PNEUMONIA**
INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
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. **763.0**

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES NO

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)

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 **9:17 AM 7-5-1957**, to **2:00 PM 7-5-1957**, that I last saw the deceased alive on **7-5-1957**, and that death occurred at **2:00 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE **John W Jackson MD** (Degree or title)

23b. ADDRESS **360 S. 15th St. E. St. Louis, Ill.**

23c. DATE SIGNED **7/6/57**

24a. BURIAL, CREMATION, REMOVAL (Specify)

24b. DATE **7-3-57**

24c. NAME OF CEMETERY OR CREMATORY **Anatomical Board**

24d. LOCATION (City, town, or county) (State) **St. Louis, Mo.**

DATE REC'D BY LOCAL REG. **JUL 17 57**

REGISTRAR'S SIGNATURE **Carl Smith MD**

25. FUNERAL DIRECTOR'S SIGNATURE **Rowland - Akers** ADDRESS **4104 Manchester**

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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**