

FILED DEC 20 1957

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

78983-57

State File No. 45933

318

1003

Registrar's No. 9685

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. 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 <i>St. Louis</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St. Louis, Missouri</i>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St. Ann 4070</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Jewish Hospital</i>		d. STREET ADDRESS (If rural, give location) <i>27 10829 CHARLES PLACE.</i>			
3. NAME OF DECEASED (Type or Print) a. (First) <i>JOHN</i>		b. (Middle) <i>FRANKLIN</i>		c. (Last) <i>HOOVER</i>	
4. DATE OF DEATH (Month) (Day) (Year) <i>10 - 3 - 57</i>		5. SEX <i>MALE</i>		6. COLOR OR RACE <i>W</i>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH <i>10-2-57</i>		9. AGE (In years last birthday) <input checked="" type="checkbox"/> IF UNDER 1 YEAR Months Days <i>1 6 40</i> IF UNDER 6 HRS. Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>St. Louis, Missouri</i>	
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		13a. FATHER'S NAME <i>JOEL SEWELL HOOKER</i>		13b. MOTHER'S MAIDEN NAME <i>WINNIE ELIZABETH PEYTON</i>	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME <i>Winnif E. Hoover, 10829 Charles P.</i>		ADDRESS <i>St. Ann, Mo</i>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Prematurity</i> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>776x</i>		INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" 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) (m.)		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 <i>10-2</i> , 19 <i>57</i> , to <i>10-3</i> , 19 <i>57</i> , that I last saw the deceased alive on <i>10-3</i> , 19 <i>57</i> , and that death occurred at <i>12:15 A. m.</i> , from the causes and on the date stated above.					
23a. SIGNATURE <i>Marion K. Justice</i>		(Degree or title)		23b. ADDRESS <i>10517 St. Charles, St. Ann, Mo</i>	
23c. DATE SIGNED <i>10/6/57</i>		24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <i>10-31-57</i>	
24c. NAME OF CEMETERY OR CREMATORY <i>Anatomical Board</i>		24d. LOCATION (City, town, or county) (State) <i>St. Louis, Mo.</i>			
DATE REC'D BY LOCAL REG. <i>OCT 17 57</i>		REGISTRAR'S SIGNATURE <i>Paul Smith MD</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Ronald - Allen</i>	
		ADDRESS <i>4104 Manchester</i>			

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.....

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