

XC-2345 997

SL 15921 FILED FEB 28 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

318

1003

58-007364
STATE FILE NUMBER

1912

Registration District No.

Primary Registration District No.

Registrar's No.

300
-57

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY SAINT FRANCOIS		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN 915 N. GRAND, ST. LOUIS, MO.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN FARMINGTON		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VET. ADM. HOSPITAL.		Length of stay in 1b 10 days	d. STREET ADDRESS (If outside, give location) 31 134 MOORE STREET		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last WILLIAM J. HOOPER			4. DATE OF DEATH Month Day Year FEBRUARY 17, 1958		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 11/14/74		9. AGE (In years last birthday) 83
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) JEWELER		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) FLESHERTON, ONTARIO, CANADA	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME UNKNOWN		13b. MOTHER'S MAIDEN NAME UNKNOWN		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) YES SPAW		16. SOCIAL SECURITY NO. 513-30-6890A		17. INFORMANT Address VA HOSP. RECORDS, ST. LOUIS, MO.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: BRONCHOPNEUMONIA IMMEDIATE CAUSE (a) ----- DUE TO (b) ----- DUE TO (c) ----- Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. ----- PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) CARCINOMA OF PROSTATE, ADVANCE; LEFT ILLIAC VEIN THROMBOSIS, SECONDARY TO INFILTRATING CARCINOMA OF PROSTATE					INTERVAL BETWEEN ONSET AND DEATH 3 DAYS
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> NONE <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 <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 STATE	
21. I attended the deceased from 2/9/58 to 2/17/58 and last saw ^{YESTER} him alive on 2/17/58 Death occurred at 5:30 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE JOHN C. KEENE, M.D.			22b. ADDRESS VAH, ST. LOUIS, MO.		22c. DATE SIGNED 2-17-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 2/18/58	23c. NAME OF CEMETERY OR CREMATORY Atchison, Kan.		23d. LOCATION (City, town, or county) (State) Atchison, Kan.
24. FUNERAL DIRECTOR Edward Fendler 5611 South Grand Blvd.			25. DATE RECD. BY LOCAL REG. FEB 18 '58		26. REGISTRAR'S SIGNATURE Paul Smith MD

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms. All diseases in Part I must be causally related.

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 *Harley A. Kaeller Jr*
Licensed Embalmer No. *4950*
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.