

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-027059
STATE FILE NUMBER

FILED JUL 21 1958

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

5908

S. 300
1-57

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Illinois b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Mo.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN East St. Louis, 8120 4	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis - Little Rock Hosp. Inc.		Length of stay in 1b		d. STREET ADDRESS (If outside, give location) 31 844 North 69th. Str.	
3. NAME OF DECEASED (Type or print) First Otto Middle Last Hoover, Sr.			4. DATE OF DEATH Month June Day 6 Year 1958		
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 July 10, 1896	9. AGE (In years last birthday) 61	FUNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Locomotive Engineer		10b. KIND OF BUSINESS OR INDUSTRY Railroad		11. BIRTHPLACE (City and state or country) East St. Louis, Ill 1	
12. CITIZEN OF WHAT COUNTRY? U.S.A		13a. FATHER'S NAME Joseph Hoover		13b. MOTHER'S MAIDEN NAME Lottie Criley	
14. NAME OF HUSBAND OR WIFE Effie Hoover		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none		16. SOCIAL SECURITY NO. --	
17. INFORMANT Effie Hoover		Address East St. Louis, Ill		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) DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH 3 weeks		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 <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 4201		COUNTY STATE	
21. I attended the deceased from 21 Aug 1958 to 6 June 1958 and last saw him alive on 6 June 1958 Death occurred at 5:47 P m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Benjamin H. Clark, Jr. D.		(Degree or title)		22b. ADDRESS Ben. Van. Hospital - 5620	
22c. DATE SIGNED 7 June 1958		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE June 9, 1958	
23c. NAME OF CEMETERY OR CREMATORY Lake View Mem. Park		23d. LOCATION (City, town, or county) St. Clair Co., Ill		(State)	
24. FUNERAL DIRECTOR Burke Funeral Home - 3300 State Str		ADDRESS East St. Louis, Illinois.		25. DATE RECD. BY LOCAL REG. JUN 9 58	
26. REGISTRAR'S SIGNATURE Carl Smith MO		27. (Licensed Embalmer's Statement on Reverse Side) mjb.			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. 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 *Chas M. Burk*

Licensed Embalmer No. 2421

P. O. Address East St. Louis, Ill

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.