Health, & Welfare Public Service

S. 300
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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-030541
STATE FILE NUMBER

FILED SEP 15 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7767

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN: St. Louis — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION: Hamilton Conv. Ctr. — Length of stay in Ib: 8 Hrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: St. Louis
c. CITY OR TOWN: Normandy — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 7628 Santa Monica — Reside on Farm Yes [ ] No [ ]

3. NAME OF DECEASED (Type or print): First MAY Middle L. Last HOOK
4. DATE OF DEATH: Month August Day 9 Year 1958
5. SEX: F
6. COLOR OR RACE: W
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH: 11-16-1864
9. AGE (In years last birthday): 93 — 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): R. Housewife
10b. KIND OF BUSINESS OR INDUSTRY: At home
11. BIRTHPLACE (City and state or country): Adams Co., Ohio
12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME: Unknown Corell
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND OR WIFE: Robert D. Hook
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Robert M. Hook, Address: above

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cancer cervix failing — INTERVAL BETWEEN ONSET AND DEATH: 1 week
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Cancer of stomach — 1 year
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 151 X
19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
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 2-19-58 to 8-9-58 and last saw her/him alive on 7-18-58
Death occurred at 11:00 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Raymond Costello (Degree or title) MD
22b. ADDRESS: 100 N. Euclid
22c. DATE SIGNED: 8-11-58

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 8-11-58
23c. NAME OF CEMETERY OR CREMATORY: Kohrlann Cemetery
23d. LOCATION (City, town, or county) (State): Nampa, Idaho

24. FUNERAL DIRECTOR ADDRESS: JAY B. SMITH, Maplewood, Mo.
25. DATE RECD. BY LOCAL REG.: AUG 11 '58
26. REGISTRAR'S SIGNATURE: Carl Smith MD

(Licensed Embalmer's Statement on Reverse Side)

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 J. Allen Davis

Licensed Embalmer No. 4053

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.