

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-003981

STATE FILE NUMBER

FILED FEB 11 1959 Registration District No. 317 Primary Registration District No. 500 Registrar's No. 346

1. PLACE OF DEATH a. COUNTY St. Louis County		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Koch		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Robt. Koch Hospital		Length of stay in lb 27 days	
3. NAME OF DECEASED (Type or print) Herman Hoops		4. DATE OF DEATH Month February Day 3 Year 1959	
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 10-7-87
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer		9. AGE (In years last birthday) 71	
10b. KIND OF BUSINESS OR INDUSTRY work		11. BIRTHPLACE (City and state or country) Illinois	
13. FATHER'S NAME Henry Hoops		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
14. MOTHER'S MAIDEN NAME Annie Hestlman		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	
16. SOCIAL SECURITY NO. 491-12-6214		17. INFORMANT Records of Robert Koch Hospital	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Chronic obstructive emphysema			INTERVAL BETWEEN ONSET AND DEATH 7 years?
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) 527.1 DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Arteriosclerotic heart disease; generalized arteriosclerosis;			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 _____ a. m. _____ p. m. _____			
20d. INJURY OCCURRED WHILE AT WORK <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 1-6-59 to 2-3-59 and last saw xxx him alive on 2-3-59 Death occurred at 1:50 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Harold S. Russell M.D.		22b. ADDRESS Koch, Missouri	22c. DATE SIGNED 2-3-59
23a. NAME OF CEMETERY OR CREMATORY Concordia Cemetery	23b. LOCATION (City, town, or county) St. Louis, Mo.	23c. DATE Feb. 4, 1959	
24. FUNERAL DIRECTOR BEIDERWIEDEN F.H., Inc., 1936 St. Louis Av.	25. DATE RECD. BY LOCAL REG. 2-4-59	26. REGISTRAR'S SIGNATURE John C. Murphy M.D.	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was
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.
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.