# IRI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

60-008376
STATE FILE NUMBER

FILED VS MAR 11 1960

Registration District No. _____ Primary Registration District No. 2 2484 Registrar's No. _____

| | |
|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE Mo. b. COUNTY |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MISSOURI — Length of stay in 1b | c. CITY OR TOWN St. Louis — Inside Limits Yes ☐ No ☐ |
| c. FULL NAME OF HOSPITAL OR INSTITUTION BARNES HOSPITAL — Inside Limits Yes ☐ No ☐ | d. STREET ADDRESS (If outside, give location) 2129 McCausland — Reside on Farm Yes ☐ No ☐ |

| 3. NAME OF DECEASED (Type or print) First | Middle | Last | 4. DATE OF DEATH Month | Day | Year |
|---|---|---|---|---|---|
| ALVIN | I. | HOSS | MARCH | 2 | 1960 |

| 5. SEX | 6. COLOR OR RACE | 7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐ | 8. DATE OF BIRTH | 9. AGE (last birthday) | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HR Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| Male | White | | 6-10-1906 | 53 | | | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and state or country) | 12. CITIZEN OF WHAT COUNTRY |
|---|---|---|---|
| Inspector-Carter Carburator Co. | | Lands Prarie, Mo. | U.S.A. |

| 13a. FATHER'S NAME | 13b. MOTHER'S MAIDEN NAME | 14. NAME OF HUSBAND OR WIFE |
|---|---|---|
| Isaac M. Hoss | Edith Smith | Alice M. Hoss |

| 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 | Address |
|---|---|---|---|---|
| No | None | | Alice M. Hoss | 2129 McCausland |

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| IMMEDIATE CAUSE (a) | PULMONARY EDEMA | 12-16 HOURS |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) | GENERALIZED CARCINOMATOSIS, PRIMARY UNKNOWN | 4 MONTHS |
| DUE TO (c) | 199.2 | |

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

| 19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐ | 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 OCT. 24, 1959, to MARCH 2, 1960 and last saw her/him alive on MARCH 2, 1960

Death occurred at 4:00 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

| 22a. SIGNATURE (Degree or title) | 22b. ADDRESS | 22c. DATE SIGNED |
|---|---|---|
| C. Hamilton, M.D. M. D. | BARNES HOSPITAL | 3/2/60 |

| 23a. BURIAL, CREMATION, REMOVAL (Specify) | 23b. DATE | 23c. NAME OF CEMETERY OR CREMATORY | 23d. LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Removal(Mtr) | Mar. 3,1960 | | Bland, Mo. |

| 24. FUNERAL DIRECTOR | ADDRESS | 25. DATE RECD. BY LOCAL REG. | 26. REGISTRAR'S SIGNATURE |
|---|---|---|---|
| Kriegshauser | 4228 S.Kingshighway | MAR 3 1960 | Earl Smith, M.D. |

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed R V Stovesand

Signature of Student Embalmer

Licensed Embalmer No. 400

P. O. Address_____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co 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.