

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-031330

STATE FILE NUMBER

AMENDED

Registration District No. 317 Primary Registration District No. 590 Registrar's No. 2216

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Valley Park		c. CITY OR TOWN St. Louis	
Length of stay in 1b 1 Month		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Valley Park Nursing Home		d. STREET ADDRESS Arsenal (If outside, give location) 1931 Arsenal St	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Louis Middle H. Last Hocker			4. DATE OF DEATH Month Aug Day 4 Year 1961			
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 12/3/1871	9. AGE (last birthday) 89	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Court Stenographer		10b. KIND OF BUSINESS OR INDUSTRY Law		11. BIRTHPLACE (City and state or country) Missouri		12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Frederick Hocker		13b. MOTHER'S MAIDEN NAME Adain Ballman		14. NAME OF HUSBAND OR WIFE Irene Hocker		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)			17. INFORMANT Address Mrs. Mae Kiger 1931 Arsenal St.			

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CARDIAC INSUFFICIENCY		INTERVAL BETWEEN ONSET AND DEATH 2YR'S
DUE TO (b) ARTERIOSCLEROTIC HEART DISEASE		
DUE TO (c) 420.0		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) DIABETES MELLITUS		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

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 <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	Month, Day, Year		
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 **Apr 1948** to **Aug. 4, 1961** and last saw her/him alive on **JUNE 18, 1961**
Death occurred at **3:00 p.m.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Robert E. Cook, M.D. (Degree or title)	22b. ADDRESS 35th CENTRAL	22c. DATE SIGNED 8.5.61
23a. BURIAL, CREMATION, REMOVAL (Specify) cremation	23b. DATE Aug. 7 1961	23c. NAME OF CEMETERY OR CREMATORY St. John's
23d. LOCATION (City, town, or county) (State) St. Louis, County		

24. FUNERAL DIRECTOR ADDRESS C. Hoffmeister Mortuary 6464 Chippewa	25. DATE RECD. BY LOCAL REG. 8-7-61	26. REGISTRAR'S SIGNATURE John C. Murphy Md
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DATE AMENDED
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
SHOULD READ
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 me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *Lee C. Brannon*

Licensed Embalmer No. 4767

P. O. Address St Louis, Mo

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.