

S. No. 2
-12-45
5-17-39
PI X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 18 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14752
Registrar's No. 118

Registration District No. 316

Primary Registration District No. 3059

1. PLACE OF DEATH
(a) County St Francis
(b) City or town Bonne Terre, Mo.
(c) Name of hospital or institution? Bonne Terre Hospital
(d) Length of stay: In this community 1 wk.
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Genevieve
(c) City or town Weinergarten P.R. (Rural)
(d) Street No. _____ (If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No) 1
If yes, name country _____

3. (a) PRINT FULL NAME Lulu Fern Hook
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 14
year 1947 hour 2 minute 30 A.M.
21. I hereby certify that I attended the deceased from April 6
1947 to April 14, 1947
that I last saw her alive on April 14, 1947
and that death occurred on the date and hour stated above.

4. Sex F 5. Color or race W.
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Hook
6. (c) Age of husband or wife 55 years
7. Birth date of deceased: Jan 4 1893
(Month) (Day) (Year)

Immediate cause of death Coronary thrombosis Duration 8 days
Due to Coronary artery sclerosis

8. AGE: Years Months Days If less than one day
54 3 10 hr. min.

Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations _____
Of autopsy 947

9. Birthplace Richwoods, Mo. (City, town, or county) (State or foreign country)
10. Usual occupation _____
11. Industry or business Housewife

PHYSICIAN
Underline the cause to which death should be charged statistically.

MOTHER FATHER

12. Name Wm. Geo. Hodat
13. Birthplace Richwoods, Mo.
14. Maiden name Anna A. Hodat
15. Birthplace Washington, Mo.
16. (a) Informant Wellington Hook
(b) Address Weinergarten, R. 1, Mo.
17. (a) Burial (b) Date thereof 4-16-47
(c) Place: burial or cremation Richwoods, Mo.
18. (a) Signature of funeral director Galdwell Bros
(b) Address Flat River, Mo.
19. (a) 4-15-47 (b) Ether Ruddleff
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
While at work? _____ (Specify type of place) Means of injury _____
23. Signature F. Richard Couch (M. D. or other) MD
Address Farmington, Mo. Date signed 4-15-47

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

14
2
1

284

(Licensed Embalmer's Statement on Reverse Side)

47

RECEIVED

District Health Officer No. 4
District File Number 447-554
Date 4-21-47

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed W. A. Baldwin

Licensed Embalmer No. 3317

P. O. Address Flat River 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 this body is not embalmed, fact should be so stated above.