DEC 13 1930

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

38097-C

File No. 10543

Registered No.

1. PLACE OF DEATH

County

Township

City St Louis Mo (No. Barnes Hospital St. Ward)

Registration District No. 78

Primary Registration District No.

2. FULL NAME Charles Van Hoy

(a) Residence, No. 5911 Etzel St., 5 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Hattie Van Hoy

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug-17-1886

7. AGE: Years 48 | Months 2 | Days 14 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Drayage

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Business

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Salem Mo

FATHER

13. NAME David Van Hoy

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

MOTHER

15. MAIDEN NAME Mary Pace

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

17. INFORMANT (ADDRESS) W. P. Larew 5618 Maple ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Salem Mo DATE 10-3 1934

19. UNDERTAKER (ADDRESS) Albert H. Hoffer Inc. 429 N. Euclid Ave.

20. FILED NOV -1 1934 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 31, 1934

22. I HEREBY CERTIFY, That I attended deceased from 9-30, 1934, to 10-31, 1934. I last saw him alive on 10-31, 1934. Death is said to have occurred on the date stated above, at 4:50 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain tumor Malignant (Meningioma)	Jan. '34?
500	
1109	

Other contributory causes of importance:

Emphysema (rt.)

Name of operation Date of 10/3/34

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) James E. Tillman, M. D.

(Address) Barnes Hospital

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.