S. No. 2
M—1/47
r. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED FEB 28 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 6181
Primary Registration District No. 1003
Registrar's No. 1636

1. PLACE OF DEATH:
(a) County
(b) City or town St Louis Mo (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Barnes Hospital, O (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 days (Specify whether years, months or days) In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Illinois (b) County Gallatin 999
(c) City or town Omaha, Illinois (If outside city or town limits, write "RURAL") 1
(d) Street No. R.R. (If rural, give location) 0
(e) Citizen of foreign country? (Yes or No) 2
If yes, name country

3. (a) PRINT FULL NAME Willie C Hoate
3. (b) If veteran, name war No
3. (c) Social Security No. ~~Unknown~~ 342-14-6932
4. Sex M O
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lola Lola Choates
6. (c) Age of husband or wife if alive 48 years
7. Birth date of deceased May (Month) 31 (Day) 1900 (Year)
8. AGE: Years 47 ~~45~~ Months 8 Days 16 If less than one day hr. min.
9. Birthplace Pope Co. (City, town, or county) Illinois (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
FATHER 12. Name John W. Choate
13. Birthplace Union Co. (City, town, or county) Illinois (State or foreign country)
MOTHER 14. Maiden name Rosetta Lambert
15. Birthplace Johnson Co. (City, town, or county) Illinois (State or foreign country)
16. (a) Informant Roy Choates
(b) Address Eddyville, Ill.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 2-16-48 (Month) (Day) (Year)
(c) Place: burial or cremation Eddyville, Ill.
18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.
19. (a) FEB 17 1948 (Date received local registrar) (b) J. T. Brewer (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb day 16 year 1948 hour 6 minute - A.M.
21. I hereby certify that I attended the deceased from Feb 11 1948 to Feb 16 1948 that I last saw him alive on Feb 16 1948 and that death occurred on the date and hour stated above.

Duration

Immediate cause of death Lung abscess, left upper lobe and left lower lobe
Due to Etiology undetermined.
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy As above

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

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? (Specify type of place)
While at work? (e) Means of injury
Signature F E Bradley (M. D. or other)
Address Barnes Hospital Date signed 2/16/48

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

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

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.....

Licensed Embalmer No.....

P. O. Address.....

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.