

FILED MAR 16 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

318

1003

State File No.

10802

2118

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____ Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY 2247	
b. CITY (If outside corporate limits, write RURAL and give town) St Louis		c. CITY (If outside corporate limits, write RURAL and give township) St Louis	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 24- 2863a S 13th Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2863a S 13th Street			

3. NAME OF DECEASED (Type or Print) a. (First) Annie b. (Middle) c. (Last) Mayer			4. DATE OF DEATH (Month) (Day) (Year) March 3 1950		
--	--	--	--	--	--

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH July 5 1872	9. AGE (In years last birthday) 77	IF UNDER 1 YEAR Months 7 Days 28	IF UNDER 24 HRS. Hours Mts.
------------------	---------------------------	---	---------------------------------	---------------------------------------	--	-----------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) St Louis		12. CITIZEN OF WHAT COUNTRY? U S	
--	--	-----------------------------------	--	---	--	-------------------------------------	--

13a. FATHER'S NAME ? Hogankamp		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Paul (Deceased)	
-----------------------------------	--	--------------------------------------	--	--	--

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'S SIGNATURE OR NAME ADDRESS	
--	--	-------------------------	--	--	--

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cardiovascular renal syndrome</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>chronic hypertrophic arthritis.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>few hours</u> <u>several years</u>	
---	--	--	--	--	--	--	--

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
------------------------	--	----------------------------------	--	--	--	---	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>St Louis MO</u>	
--	--	--	--	---	--

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
---	--	--	--	----------------------------	--

22. I hereby certify that I attended the deceased from Oct 19 35 to Mar 3, 1950, that I last saw the deceased alive on 3-3, 1950, and that death occurred at 1:15 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Wm J. Hokawa M.D.</u>		23b. ADDRESS <u>3804 Wilmingon Ave</u>		23c. DATE SIGNED <u>3-3-50</u>	
--	--	---	--	-----------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3/6/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>New Picker Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St Louis Missouri</u>	
--	--	----------------------------	--	--	--	---	--

DATE REC'D BY LOCAL REG. <u>MAR 6 1950</u>		REGISTRAR'S SIGNATURE <u>J. B. Casater</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Woydell Funeral Home 1926 Allen Ave</u>		ADDRESS	
---	--	---	--	--	--	---------	--

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 me

..... Student Embalmer No.
working under my personal supervision.

Student
Student Embalmer

Signed Dale A. Johnson
.....

Licensed Embalmer No. 4533

P. O. Address 1956 Allen

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.