

FILED JAN 5 1944

1003

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Missouri Baptist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 0 (Specify whether
In this community 0 years, months or days)

3. (a) PRINT FULL NAME Della Ann Hoyt

3. (b) If veteran, name war Nil 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Walter W. Hoyt 6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased April 6 1886
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>58</u>	<u>8</u>	<u>15</u>	hr. min.

9. Birthplace Unknown Oklahoma
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name Unknown Henley

13. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant W.W. Hoyt

(b) Address Wheaton, Missouri

17. (a) Burial (b) Date thereof 12-24-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wheaton, Missouri

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) DEC 27 1944 (b) J. F. Bredeck
(Date received local verification) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barry
(c) City or town Wheaton
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 21
year 1944 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from Dec. 8, 1944 to Dec 21, 1944
that I last saw h. alive on Dec 21, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death
Massive Hemorrhages Inter
mittent
Due to Oesophageal Varices and
Ulcers
Due to Marked Portal Cirrhosis

Duration

2 yrs (?)

2 1/2 yrs

Other conditions Pulmonary Emphysema, B. lar
(Include pregnancy within 3 months of death)
Marked Secondary Anemia

PHYSICIAN

Major findings:
Of operations _____
Of autopsy Same as Above

Underline the cause to 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?

While at work _____ (Specify type of place)
(g) Means of injury 3
23. Signature J. F. Bredeck (M. D. or not) _____
Address Humboldt Bldg Date signed 12/23/44

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

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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. W. Wilkinson
Licensed Embalmer No. 3575

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.