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

Do not use this space.

6390

File No. .....

Registered No. 1084

1. PLACE OF DEATH
County: St Louis
Township: .....
City: Missouri (No. ....., ... St. ..... Ward)

Registration District No. 791
Primary Registration District No. 1003

2. FULL NAME: Jeanette Loretta Hoppe
(a) Residence. No. 1396 a Bird Ave St., 5 Ward.
(Usual place of abode) (If nonresident give city or town and State)
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: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write the word*): —

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF ✓

6. DATE OF BIRTH (MONTH, DAY AND YEAR): July 21 - 1924

7. AGE: Years 2 | Months 6 | Days 23 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Infant
(b) General nature of industry, business, or establishment in which employed (or employer): .....
(c) Name of employer: .....

9. BIRTHPLACE (CITY OR TOWN): St Louis
(STATE OR COUNTRY): Missouri

PARENTS
10. NAME OF FATHER: Bernard Hoppe
11. BIRTHPLACE OF FATHER (CITY OR TOWN): .....
(STATE OR COUNTRY): St. Louis, Mo
12. MAIDEN NAME OF MOTHER: Loretta Jutz
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): .....
(STATE OR COUNTRY): St Louis, Mo.

14. INFORMANT: Bernard Hoppe
(Address): 1396 a Bird Ave

15. FILED: FEB 15 1927 Maude Starkoff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR): 2/14 - 1927

17. I HEREBY CERTIFY, That I attended deceased from 2/12/27 to 2/14/27 and that I last saw her alive on 2/14/27 and that death occurred, on the date stated above, at 3:00 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Entero-Colitis
177
1111 | 1/2
(duration) ..... yrs. ..... mos. ..... ds.
CONTRIBUTORY (SECONDARY): Ptomain Poisons from Spoiled Pork Sausage (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? NO. DATE OF ✓
WAS THERE AN AUTOPSY? NO
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) J. Wm Lampton, M. D.
19 (Address) 1492 S Compton

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Memorial Park
DATE OF BURIAL: Feb 17 1927

20. UNDERTAKER: Mayer Und Co.
ADDRESS: 4567 Lindell Blvd

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.

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