

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

Do not use this space.

20089

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1003

File No.
Registered No. 5856
St. Ward

City St. Louis (No. City Hospital)
2. FULL NAME Mary Hopkins
(a) Residence. No. 1602 St., 25 Ward. (If nonresident give city or town and State)
Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female **4. COLOR OR RACE** White **5. SINGLE, MARRIED, WIDOWED OR DIVORCED** Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 24 1927
17. I HEREBY CERTIFY, That I attended deceased from June 20, 1927 to June 24, 1927
that I last saw h. alive on June 24, 1927 and that death occurred, on the date stated above, at 2:55 P.M.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 27 - 1860
7. AGE YEARS MONTHS DAYS | If LESS than I day, ____ hrs. or ____ min.
66 | 11 | 28 |

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Bronchitis Asthma
Non Tubercular
CONTRIBUTORY Bronch. Pneumonia (SECONDARY)
1000

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

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH:

8 DID AN OPERATION PRECEDE DEATH?..... DATE OF

WHAT TEST CONFIRMED DIAGNOSIS
6/25 (Signed) H. J. Peck M. D.
1927 (Address) City Hospital

9. BIRTHPLACE (CITY OR TOWN) Louisiana
(STATE OR COUNTRY)

10. NAME OF FATHER Barley Hopkins

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Indiana
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Mary Mills

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Indiana
(STATE OR COUNTRY)

14. INFORMANT Anna
(Address) City Hospital

15. FILED 26 1927 May 6 Stark off

18. PLACE OF BURIAL, CREMATION, OR REMOVAL Calvary **DATE OF BURIAL** June 27 1927

20. UNDERTAKER Dennis Niekhaus 1138 76

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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Haptens.