

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

Do not use this space.

6436

1. PLACE OF DEATH

County.....

Registration District No.....

Township.....

Primary Registration District No.....

City.....

St Louis

(No.)

922 N Kingshighway

File No.....

1344

Registered No.....

St.....

Ward.....

2. FULL NAME

(a) Residence. No.

David Hodopp

St.

12

Ward.....

(If nonresident give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

da.

How long in U.S., if of foreign birth?

yrs.

mos.

da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

male

4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

Don't know

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

abx 61

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Shoe work

(b) General nature of industry, business, or establishment in which employed (or employer)

him self

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Germany

10. NAME OF FATHER

Don't know

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Germany

12. MAIDEN NAME OF MOTHER

Don't know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Germany

14.

INFORMANT (Address)

*Mrs Sarah Groves
922 N Kingshighway*

15.

FILED

*SEP 5 1928
Max Stankoff*

REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *Febr 4 1928*

17.

I HEREBY CERTIFY That I attended deceased from *Jan 28* 1928 to *Feb 5* 1928 that I last saw him alive on *Feb 4* 1928, and that death occurred, on the date stated above, at *4 O*

THE CAUSE OF DEATH* WAS AS FOLLOWS:

4:15

56 cancer stomach

H. H. Helbing (duration) *1* yrs. *1* mos. *1* da.

CONTRIBUTORY (SECONDARY)

Jaundice (duration) *1* yrs. *1* mos. *1* da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? *Yes* DATE OF *ab cancer hosp*

WAS THERE AN AUTOPSY? *No*

WHAT TEST CONFIRMED DIAGNOSIS? *Observation*

(Signed) *H. H. Helbing*, M. D.

2-5 1928 (Address) *4963 Summit Ave*

*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

DATE OF BURIAL

Columbarium

Febr 6 1928

20. UNDERTAKER

ADDRESS

Bullens Kelly

4526 Easton

N. E.—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.

PERMANENT RECORD

1st Hillborn
4903 Fountain

Hobbing Hill