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

Do not use this space.

34624

1. PLACE OF DEATH
County St Louis — Registration District No. 784
Township St Ferdinand — Primary Registration District No. 6030
City Pine Lawn (No. 5741 Helen St. Ward)

File No.
Registered No.

2. FULL NAME Virginia Belle Hoop
(a) Residence. No. St., 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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 17 1858

7. AGE: Years 70 — Months 6 — Days 12 — If LESS than 1 day, hrs. or min.

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

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

PARENTS
10. NAME OF FATHER Anon Holloway
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Not Known
12. MAIDEN NAME OF MOTHER Elizabeth Frame
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Not Known

14. INFORMANT George Hoop
(Address) 5741 Helen Ave

15. FILED Oct 31st 1928 O. V. Schmidt REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 28 1928

17. I HEREBY CERTIFY, That I attended deceased from April 5th 1927, to Oct 28th 1928, that I last saw her alive on Oct 28th 1928, and that death occurred, on the date stated above, at 10 30 pm.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Valvular Disease
Chronic Cardiac
92A
95B (duration) 2 yrs. — mos. — ds.

CONTRIBUTORY (SECONDARY) Chronic Cardiac
Dilation (duration) 10 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) Frank K Doane, M. D
10/29, 1928 (Address) 6216 Florissant 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: New Pickers — DATE OF BURIAL: Oct 31 1928

20. UNDERTAKER: Muth Hermann & Son — ADDRESS: 3930 Carter

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.

1 82 1928

...MONTHS IS A PERMANENT RECORD