

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

Do not use this space.

8258

**1. PLACE OF DEATH**

County..... Registration District No. 791  
 Township..... Primary Registration District No. 503  
 City St. Louis (No. 4021 Cottage Cr) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. 1907  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Julia A. Hoppe

(a) Residence No. 4021 Cottage Cr St. 11 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 Charles Hoppe

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 19 1859

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
69 5 20

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

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

10. NAME OF FATHER John Pappay

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

12. MAIDEN NAME OF MOTHER Not Known

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

14. INFORMANT Chas. Hoppe  
 (Address) 4021 Cottage Cr

15. FILED 11 19 29 Wm. H. Paschedag REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 8 19 29

17. I HEREBY CERTIFY, That I attended deceased from Jan 10th 1928 to Feb 8th 1929 that I last saw her alive on Feb 8th 1929 and that death occurred, on the date stated above, at 8:50 P.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Paralysis, Jan 10th, another on Jan 29  
10th 10th 10th  
Cerebral Hemorrhage Apoplexy  
 (duration) \_\_\_\_\_ yrs. mos. ds.

CONTRIBUTORY Leukemia  
 (SECONDARY) (duration) \_\_\_\_\_ yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 82 A  
 IF NOT AT PLACE OF DEATH 82 A

DID AN OPERATION PRECEDE DEATH? No DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?  
 (Signed) Dr. E. Bunte M. D.

Feb 9th 1929 (Address) 2806 N. Grand Bldg

\*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 Zions DATE OF BURIAL Feb. 11 19 29

20. UNDERTAKER Wm. H. Paschedag ADDRESS 2825 N. Grand Bldg

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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