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

Do not use this space.

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17583

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 4665

Township ..... Primary Registration District No. 1003 Registered No. .....

City St Louis (No. ....., ... St. ..... Ward)

2. FULL NAME Infant Hooper

(a) Residence. No. 4946 Bancroft Ave, 14 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Female	White	Infant

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 10-1930

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, 2 hrs. or 10 min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work None.
(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) Mo.

PARENTS

10. NAME OF FATHER Loyd Hooper
11. BIRTHPLACE OF FATHER (CITY OR TOWN) East St Louis
(STATE OR COUNTRY) Ill.
12. MAIDEN NAME OF MOTHER Josephine Mersch
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St Louis
(STATE OR COUNTRY) Mo.

14. INFORMANT Loyd Hooper
(Address) 4946a Bancroft Ave.

15. FILED ....., 19.. Max C Stuckey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR) May 10 1930

17. I HEREBY CERTIFY, That I attended deceased from May 10, 1930, to May 10, 1930 that I last saw her alive on May 10, 1930, and that death occurred, on the date stated above, at 3 30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Atelectasis
159
161A (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Premature Birth
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 161A
DID AN OPERATION PRECEDE DEATH? No DATE OF —
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? —

(Signed) F W Ininga M. D
, 19 (Address) 3315 S Jefferson 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
St. Peter & Paul	May 12 1930
20. UNDERTAKER	**ADDRESS**
Crender Co	1718 So 9th

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.