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

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 25355

Township ..... Primary Registration District No. 1003 Registered No. 7588

City St Louis (No. 6214 Clayton a St. ..... Ward)

2. FULL NAME Carrie Hoopes

(a) Residence. No. ..... St., 4 Ward. (If nonresident give city or town and State)
(Usual place of abode)

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	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 4th 1849

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	81	1	25	

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) England

PARENTS

10. NAME OF FATHER Fred Tirgey

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Mrs Rose Sterling
(Address) 6214 Clayton a

15. FILED JUL 29 1930 Max C Starkey REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 29 1930

17. I HEREBY CERTIFY, That I attended deceased from July 1, 1930, to July 29, 1930 that I last saw her alive on July 28, 1930, and that death occurred, on the date stated above, at 6 30 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

97

1358 Arteria Sclerosis

(duration) ..... yrs. ..... mos. 29 ds.

CONTRIBUTORY (SECONDARY) Cystitis

(duration) ..... yrs. ..... mos. 29 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? No

DID AN OPERATION PRECEDE DEATH? no DATE OF .....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical & Laboratory

(Signed) D M Gibson, M. D

7/29, 1930 (Address) 4337 Washington Bl

*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
Maywood Ills	19
20. UNDERTAKER	**ADDRESS**
Arthur J Donnelly	2039 Wash St

4337 Washington -
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