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.

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

Do not use this space.

17684

File No. .....

Registered No. 4624

1. PLACE OF DEATH

County .....

Township .....

City St. Louis (No. 4300 Nebraska Ave. St. ..... Ward)

Registration District No. 701

Primary Registration District No. 1038

2. FULL NAME Augusta C. Hoppius

(a) Residence, No. 4300 Nebraska Ave. St., 15 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	Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 12th. 1869

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	62	6	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 35

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo. /

FATHER

13. NAME Jos. L. Boecker

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 10

MOTHER

15. MAIDEN NAME Mame Hahnhold

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Edna Berghoefer
(ADDRESS) 4300 Nebraska ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Matthew DATE May 12th 1932

19. UNDERTAKER Geo. Schumacher
(ADDRESS) 3913 Meramec St.

20. FILED MAY 11 1932 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 9th. 1932

22. I HEREBY CERTIFY, That I attended deceased from March 16, 1932, to May 9th, 1932

I last saw her alive on May 9th, 1932. Death is said to have occurred on the date stated above, at 9/15 pm

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Bright's Disease	
131 131 1	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Wm. F. Simon, M. D.

(Address) 115 Victor St.

Felix. Victor 0078