WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

21453

File No.

Registered No. 6018

1. PLACE OF DEATH

County

Township

City St Louis (No. 4000 A Gratiot St. St. Ward)

Registration District No. 791

Primary Registration District No. 2703

2. FULL NAME Elizabeth S. Hopkins

(a) Residence, No. 4000 A Gratiot St., 18 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: James Hopkins

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct 17, 1852

7. AGE: YEARS 79 MONTHS 8 DAYS 8 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

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

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): Virginia

FATHER

13. NAME: Louis Farney

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Virginia

MOTHER

15. MAIDEN NAME: unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): unknown

17. INFORMANT (ADDRESS): William Hopkins 4000 A Gratiot St

18. BURIAL, CREMATION, OR REMOVAL PLACE: New St Marcus DATE: 6-28 1932

19. UNDERTAKER (ADDRESS): Kriegshauser Mortuaries 4228 Hamilton

20. FILED: JUN 28 1932 19 Max C. Farney Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 25, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1930 to June 25, 1932

I last saw her alive on June 1, 1932. Death is said to have occurred on the date stated above, at 8 P. m.

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

Arteriosclerosis 97 97

Date of onset: Jun 1/1930

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) M. E. Sheets, M. D.

(Address) 4300 Manchester