

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

Do not use this space.

20953

1. PLACE OF DEATH

County St. Louis Registration District No. 789 File No. _____
 Township Central Primary Registration District No. 4033-B Registered No. 187
 City (No. 2828, Waconia Dr) St. _____ Ward)

2. FULL NAME

(a) Residence, No. 2828 Waconia St., _____ 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>May Hoppe</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 4, 1894</u>		
7. AGE YEARS <u>39</u>	MONTHS <u>0</u>	DAYS <u>16</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Butcher</u>		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Self</u>
10. Date deceased last worked at this occupation (month and year) <u>May 19, 1933</u>		11. Total time (years) spent in this occupation <u>14</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>		
13. NAME <u>George Hoppe</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
15. MAIDEN NAME <u>Unknown</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill</u>		
17. INFORMANT <u>May Hoppe</u> (ADDRESS) <u>2828 Waconia Dr</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Calvary Cem</u> DATE <u>June 23, 1933</u>		
19. UNDERTAKER <u>D. Sherman Karal</u> (ADDRESS) <u>1905 Union Blvd</u>		
20. FILED <u>6/21/1933</u> <u>John Gray, Jr.</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 20, 1933

22. I HEREBY CERTIFY That I attended deceased from June 19, 1933 to June 20, 1933
 I last saw him alive on June 19, 1933. Death is said to have occurred on the date stated above, at 11 p.m.
 The principal cause of death and related causes of importance were as follows:
Paroxysmal
Phonics
132
 Date of onset 11/9/33

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? Yes

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) Henry J. Parry M. D.
 (Address) 3024 W. Grand

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.

Dr Pad ya

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